



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Occupant Protection Systems

Lesson Plans and Instructor's Guide for EMS Personnel

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Preface

Emergency Medical Services have always played an important role in the reduction of death and disability of the nation's driving public. In the past, most of that effort has been focused on the post-crash activities. The purpose of this training program is to refocus some of that effort toward the prevention of motor vehicle death and injury. Not only is this effort important to the general public; it is also critically important to the Emergency Medical Technician or other EMS provider. Data indicate that the single most dangerous action that an EMS provider can take is to drive or ride unbelted in a vehicle during an emergency response.

Motor vehicle death and injury statistics are no secret to health care professionals. Automobile collisions are a leading cause of deaths for those between one and thirty-four years of age. Child safety seats and safety belts are a proven means of reducing injury and fatality. Approximately 70% of children travel in child safety seats and 34% of young people and adults wear safety belts. Research has shown that safety belts are known to prevent injury and fatality by approximately 50%; child safety seats decrease the chance of injury and fatality by about 71%.

In addition to the tragic loss of human life, automobile collisions represent a financial drain to society. The cost to society from motor vehicle crashes is estimated at \$69.5 billion every year. Societal costs are characterized by medical, hospital, and rehabilitation expenses, disability payments, and loss of productivity. EMS plays a role in helping to prevent the continuation of this tragic carnage. No one experiences the aftermath of motor vehicle collisions more dramatically than do prehospital care providers. EMS has made a dramatic difference in other preventive health campaigns such as recognition of early warning signs for heart attacks. Hopefully this training program will provide you with the tools to educate both your colleagues and the general public that proper utilization of occupant protection devices can make a significant difference in the reduction of death and disability resulting from motor vehicle collisions on our nation's highways.

NHTSA wishes to thank the National Council of State Emergency Medical Services Training Coordinators (NCSEMSTC), the National Association of Emergency Medical Technicians (NAEMT), and the National Association of State EMS Directors (NAEMSD) all of whom served as special EMS advisors to the project. These organizations' contributions to the development and review of these materials were invaluable.

Introduction

The purpose of this training program is twofold in nature. The primary outcome of the training program is for the EMS provider to use these materials to educate the general public that prevention is indeed the most successful key to the reduction of mortality and morbidity in the event of a motor vehicle crash. This is particularly significant since the EMS provider has recognition and credibility within the community. It has always been the goal of Emergency Medical Services to save lives. Unfortunately we have not concentrated on the preventive aspects of that task. This training program will allow and encourage EMS providers to contribute to this life saving effort.

Secondly, it is designed to convince the First Responders, Emergency Medical Technicians, EMT-Intermediates, EMT-Critical Care Technicians, or EMT-Paramedics that each and every time they enter the ambulance as a driver, passenger, or emergency care provider they *must* fasten their own safety belts. While it can be documented that the general population is at extreme risk when they are driving without appropriate protective devices, those problems are only exacerbated when an ambulance is being operated in an emergency mode.

Each of the three lessons contained in this document has a particular audience in mind. The first lesson is designed to provide EMS personnel with factual information to be used in presenting material to the general public, and sufficient information and justification for the use of occupant protection devices by EMS personnel both on and off the job. Additionally it is designed to be used by EMS personnel to train the general public.

The second lesson is designed to train EMS providers to become instructors of highway safety issues. This module introduces the concept of EMS involvement in prevention of injury and death as an appropriate community activity.

The third lesson is designed for the individuals who will be responsible for coordinating community educational efforts. They will, in fact, be responsible for the two levels of involvement mentioned previously. They will coordinate the initial EMS orientation and will also facilitate the community-wide effort. The intended use of materials is as follows:

Lesson 1. To train EMS personnel and the general public about the fundamental considerations relative to the use of occupant protection systems.

Lesson 2. Provides additional information for those EMS providers who will serve as instructors in the community.

Lesson 3. Is designed to provide a full range of information which will assist individuals who are responsible for the establishment and maintenance of community-wide programs.

Each of these lessons may be used to stand alone depending upon the audience. The EMT conducting a community program would use Lesson 1. An ambulance service may conduct Lesson 2 for its members with a demonstration of Lesson 1 if a community program will involve the EMTs on the ambulance service or rescue squad. The full three lesson program may be conducted in an area preparing to develop a State, regional, or local occupant protection program involving EMS. In summary, these materials are designed to be adapted to the needs of the EMS providers.

Course Lesson Synopses

Lesson 1: Saving Lives Through Educating the Public (1 hr.)

The incidence of death and injury as a result of nonuse of occupant protection systems is discussed. Data and examples are provided to convince the participant that use of occupant protection systems is critical to his/her own well being in the event of a motor vehicle crash. This lesson is designed to convince the EMS provider of the importance of consistent safety belt use. This information will later be used by the EMS provider in promoting that same use to the general public.

Lesson 2: EMS Involvement in Prevention (2 hrs.)

The role of EMS providers in the occupant protection educational awareness programs is discussed. The role of EMS has been in the reduction of mortality and morbidity and this lesson demonstrates that occupant protection programs serve to complement their current efforts. Using the EMS providers' expertise and knowledge of both the human body and crash dynamics is an important factor. Likewise, the EMS providers' experience in training programs and how those general training principles relate to this program are discussed. This lesson is designed for both the coordinator/participant of a community-wide program as well as for individual instructors who may present lesson 1 to the general public.

Lesson 3: Designing and Implementing a Motor Vehicle Occupant Protection Program (6 hrs.)

This lesson has three major sub-sections, (1) program planning, (2) use of the media, and (3) resource identification, each one is two hours in length. The techniques and methodologies necessary to design and implement an effective educational program are discussed. Such items as effective use of the media, networking, and coalition building are discussed in detail. This section of the program is designed predominantly for the individual(s) who may be responsible for participating in or establishing a community-wide program.

The materials are designed to be customized to meet local needs and requirements. In particular, it is assumed that the instructor/coordinator will adapt the materials to make them more audience specific.

Different facts and strategies will be necessary to convince teenagers as opposed to expectant mothers. The audiovisual materials that accompany this program are likewise designed to be used selectively to achieve the desired results. Specific strategies for positively impacting the target audiences are provided in the appendixes. An extensive annotated bibliography is contained within the appendixes which may be used for additional research into specific areas of interest for each different audience.

The primary intent is to save lives and reduce injury severity through appropriate education.

Lesson 1:

Saving Lives Through Educating the Public

TOPIC

CONTENT OUTLINE

Introduction

The material presented in this lesson is designed to familiarize the student with the epidemic of trauma-related deaths and injuries due to motor vehicle crashes. It will provide factual data which will educate the student regarding the necessity for safety belt and child safety seat use and benefits of automatic protection, including air bags and automatic safety belts. This lesson is designed to be used originally to train EMS providers who will, in turn, use this same lesson to train the general public.

Instructors

One individual should be familiar with the material contained in this lesson and should also be recognized as an effective trainer. Since many of the students in this class will eventually teach this same material, it is critical to have an instructor who will serve as a positive role model. This individual should be currently certified/licensed at the Basic Emergency Medical Technician level or a higher level of prehospital care provider.

Objectives

At the conclusion of this lesson, the student will be able to:

- * Describe the magnitude of deaths and serious injuries resulting from motor vehicle crashes and the societal impact of failure to use manual and automatic safety belts, air bags, and child protection systems.
- * State the number of deaths and injuries per year attributed to nonuse of occupant protection devices.
- * Describe how safety belts, passive protection devices, and child safety seats work.
- * Describe the dynamics of a frontal motor vehicle crash.
- * State the percentage of increased probability of death or serious injury associated with ejection of the occupant during a collision.
- * Describe six ways in which safety belts reduce the likelihood of injury.
- * Describe the relationship between injury, severity, and the type of occupant protection system.
- * State five reasons commonly given for not wearing safety belts and provide a response for each.
- * Describe the effects of mandatory safety belt and child passenger safety seat legislation in increasing usage.
- * Describe and demonstrate child safety seats for use at various ages.
- * State three reasons typically given for not using child safety systems and provide a response for each.
- * List the most frequent misused modes of seatbelts which can increase likelihood of death or serious injury.
- * Identify the laws in his/her State related to occupant protection devices.

Requirements

Material:

- * Registration form
- * Schedule or agenda
- * Sufficient quantity of Knowledge Quiz and Opinion Poll for each student
- * Other handouts or references as required

Equipment:

- * 35 mm slide projector
- * 16 mm film projector

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TOPIC

CONTENT OUTLINE

- * Screen
- * Chalkboard/flipchart

Visual Aids:

- * Prepared slides covering the material in the lesson
- * Films: *Dynamics of a Crash*, *Safety Belts Save Lives*, and *Children and Infants in Car Crashes*

Instructor Preparation Tasks

The instructor should:

- * Review the lesson outline to ensure complete understanding of the contents and procedures, noting that this lesson is introductory in nature and will be reinforced throughout the training.
- * Review and preview all references and visual aids selected for this lesson.
- * Be able to familiarize the student with the content and purpose of all course literature to be presented during the lesson.
- * Have sufficient copies of Knowledge Quiz and Opinion Poll.

Administrative Matters

- I. Instructor introduction
 - A. Name
 - B. Title
 - C. Affiliation, etc.
- II. Student welcome—acknowledgement that attendees are participating in a training program designed to convince them to wear their own safety belts and that prevention of injury and death is more effective than even the most sophisticated and responsive EMS system.
 - A. Stress importance, i.e., EMS providers are all too often the victims of motor vehicle collisions.
 - B. Stress need for participation.

Need for Course

- I. Approximately one third of American drivers or passengers wear their safety belts.
- II. A similar percentage of emergency medical services personnel protect themselves when driving or working in the ambulance.
- III. Introduce EMS System.
 - A. Access
 - B. Purpose
 - C. Prevention

Course Purpose

- I. The course has been designed so that upon successful completion the student will be able to:
 - A. Rationalize and justify his/her own use of safety belts on the job and in his/her private vehicle;
 - B. Ensure that all other occupants of a vehicle which he/she is operating are properly restrained and protected;
 - C. Access data and apply strategies to educate other professional colleagues and the general public to use safety belts and child safety seats and the additional protection provided by air bags,
 - D. Understand and describe the importance and life saving benefits of using child safety seats.

INSTRUCTOR'S NOTES

Introduce self and other
faculty

Have students introduce
themselves

Use local data and examples

Discuss trauma statistics

TOPIC**CONTENT OUTLINE**

Lesson Objectives

- I. Discuss the purpose of the lesson.
- II. Briefly review the objectives as previously listed.

Knowledge Quiz and Opinion Poll

- I. Distribute Knowledge Quiz and Opinion Poll.
- II. Have students complete quiz and return to instructor.

Adult Safety Data

- I. There are approximately 44,000 traffic fatalities in the U.S. each year.
- II. Approximately 3.5 million people are injured annually in the U.S. from motor vehicle crashes (MVC).
- III. MVCs are a leading cause of death among people between the ages of 1 and 34.
- IV. MVCs are the number 1 cause of on-the-job fatalities.
- V. MVCs cost the nation more than \$69.5 billion annually.
 - A. \$27.5 billion in property damage.
 - B. \$15.2 billion in lost productivity.
 - C. \$3.8 billion in direct medical.
 - D. \$23 billion in insurance and other costs.
- VI. Societal costs of MVC injuries are second only to cancer.

Child Safety Data

- I. More children die as a result of motor vehicle crashes than by all combined forms of preventable diseases.
- II. 50,000 children are seriously injured in MVCs each year.
- III. MVCs are leading cause of head and spine injuries leading to paralysis, epilepsy, brain damage, disfigurement, and death.
- IV. More cases than from child abuse.
- V. Unprotected children may be a form of child abuse and neglect.
- VI. One out of 60 infants born each day will die in a motor vehicle collision and two out of three will be injured in their lifetime.

Effectiveness of Protective Systems

- I. Safety Belts:
 - A. Reduce fatalities by >50%,
 - B. Reduce serious injuries by >50%,
 - C. Reduce incidence of paraplegia and quadriplegia by 85%,
 - D. Allow the driver to maintain control of vehicle in some collisions and evasive maneuvers,
 - E. Lap belts alone reduce injury and fatalities by 35%.
 - F. Lap/shoulder belts are 50% effective in reducing injury and fatalities.
- II. Child safety systems when used correctly:
 - A. Reduce deaths by 71%,
 - B. Reduce injuries by 67%.
- III. Automatic safety belts:
 - A. May reduce fatalities by 35–50%
 - B. May reduce injuries up to 55%
- IV. Air Bags
 - A. Can reduce fatalities by 20–40%
 - B. May reduce injuries by up to 45%

INSTRUCTOR'S NOTES

Instructor should select data appropriate to the group. Avoid quoting excessive amounts of data.

Source: NHTSA key agency statistics and National Accident Sampling Systems.

Add local data to statistics

- C. Together with lap and shoulder belts may reduce fatalities by 45–55% and injuries up to 60%
- D. The combination of airbags and lap/shoulder belt is the most effective crash protection.

Crash Dynamics

I. Car crashes involve three collisions:

A. In the *first collision*:

1. Vehicle strikes an object.
2. Vehicle slows down and begins to absorb some of the impact.
3. Only the vehicle is damaged.
4. Within 1/10 of a second, the vehicle, in a head on crash, comes to a complete stop.

B. *Second Collision*:

1. 1/50 of a second after the car has stopped the second or human collision begins.
2. An unrestrained driver and/or occupant slams into the dashboard, steering wheel or windshield.
3. Without proper protection during a crash, you can be seriously injured by being thrown into other people in the car or into the hard surfaces of the vehicle.
4. If ejected from the vehicle you will be injured during ejection and further injured outside of the vehicle.

C. *Third collision*:

1. Body stops moving—organ collision occurs.
2. Hollow organs, such as the lungs and great vessels may rupture from compression.
3. Solid organs, such as the brain, liver or spleen may be torn from their attachments, fractured or bruised from sudden deceleration.
4. Organ collision is the least obvious but the most deadly.

D. “Speed kills”

1. Crash forces are determined by two factors, the vehicle’s weight and its speed.
2. Speed contributes much more to these forces than weight.
3. Forces increase as the vehicle increases its speed.

II. Dynamics of crashes involving children.

- A. Due to their shape and size, children react differently than adults in a crash.
- B. Due to their high center of gravity, children are extremely susceptible to injury in automobile crashes.
 1. Children often do not benefit from the energy absorbing parts of the automobile’s interior.
 2. They become flying missiles in a crash.
- C. 34% of all injuries to children in car crashes are injuries to the head and face, causing brain damage, permanent disfigurement, epilepsy or death.
- D. Mechanisms of injury

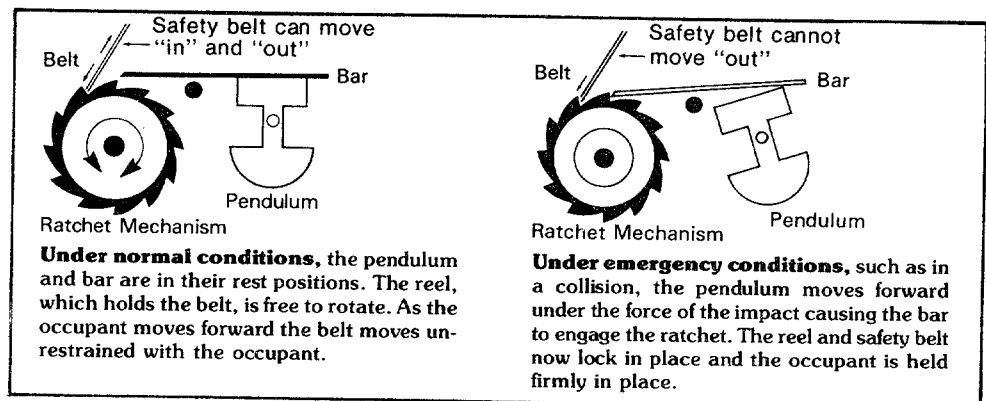
INSTRUCTOR'S NOTES

Show film:
Dynamics of a Crash

1. In a 30 mph collision, a 50-pound baby not buckled in to a car seat will be thrown toward the dash, windshield, or other surface with the force of 300 pounds. In the same crash, a 100-pound woman, if unbelted, becomes a 3,000 pound force, more than enough to crush a child in her arms against a dashboard.
2. Because their heads are proportionately heavier than the rest of their bodies, children tend to travel headfirst into the vehicle's hostile interior.
3. Children are much more likely to be injured or ejected when traveling unrestrained, thus unprotected, in the cargo section of a station wagon or hatchback vehicle. There doesn't necessarily have to be a collision with another car. "Panic braking" for an unexpected animal, child, etc., on the street can send a young child hurtling toward the dashboard with deadly force.
4. The body of a small child may be more resilient than that of an adult, but this does not lessen the danger. This concept does not apply to their heads or vital organs, the areas of greatest vulnerability to a child.

How Safety Belts Work

- I. Safety belts have been proven to be the single most effective way of protecting people from crash injuries or death.
- II. How safety belts work:
 - A. There is a "ridedown effect" in which the belt begins to stop the wearer as the car is stopping.
 - B. The belt helps to keep the head and face of the wearer from striking objects like the steering wheel, windshield, or dashboard.
 - C. The belt spreads the stopping force widely across the strong parts of the body.
 - D. Belts prevent vehicle occupants from colliding with each other.
 - E. Belts prevent vehicle occupants from being ejected from the vehicle during a crash.
 - F. Belts help the driver to maintain vehicle control, thus decreasing the possibility of an additional collision.
- III. Mechanism by which safety belts work—the locking cam effect:
 - A. Allows normal movement under typical driving conditions.
 - B. Prevents movement in collision.
 - C. Dirt in retractor mechanism may adversely affect function.



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Passive Restraint Systems

IV. Lap/shoulder belts are continuous in current models and require one-point fastening.

I. Automatic protection systems protect vehicle occupants automatically.

II. Types:

A. Automatic safety belts

1. Work the same way as conventional manual safety belts by restraining the occupants' forward motion, and
2. Automatically move into place as occupant enters the car and closes the door.
 - a. Two point—shoulder belt attached to the door with a knee bolster under the dashboard.
 - b. Two point—shoulder belt running in a track above the door operated by a small electric motor
 - c. Three point—lap and shoulder straps all in one mechanism that wraps around the front seat occupant when the door is closed

B. Air bags

1. Installed in steering wheel hub and dashboard
2. In crash, a sensor sets off a harmless gas-producing device which inflates an air cushion in less than 1/10 of a second
3. Air bag must be used with a safety belt for maximum protection in a crash situation

C. Passive interiors

1. Currently under development
2. Involves engineering improvements to the interior and front of the vehicle to better absorb crash forces
3. Padded dashboards, securiflex windshields, and other interior surface improvements have been installed but much of this technology is still in the design stage.

Myths or Facts About Safety Belts

I. I don't need safety belts when traveling at low speeds or going on short trips.

- A. 80% of all MVCs happen at less than 40 mph.
- B. Unrestrained fatalities have been noted at speeds of less than 12 mph.
- C. 75% of all MVC fatalities occur within 25 miles of home.

II. I'm uncomfortable and too confined when I wear a safety belt.

- A. Under normal conditions the ratchet mechanism allows the belt to move freely.
- B. Under emergency conditions the ratchet is engaged and the reel and belt are locked into place.
- C. The "window shade" feature releases the belt pressure on the wearer, yet allows the belt to protect.
 1. A locking clip may be installed on the upper belt to prevent its full retraction when unbuckling.
 2. Allows for easier rebuckling.

III. I might be saved if I'm thrown clear in a crash.

INSTRUCTOR'S NOTES

Film (about air bags)
Triggered by deceleration
and/or impact
Least effective in side
collisions designed for head
on

Or “friendly” or
“forgiving”
Laminated to prevent cuts
and abrasions

Handout: *Fairy Tales*

Discuss other comfort and
convenience features of
newer belts

Window shade device
Locking clips
Adjustable height position

- A. 25 times more likely to die.
- B. More likely to be seriously injured.
- IV. I might be trapped in a burning or submerged car.
 - A. < 1/2 of 1% of injury-producing collisions involve fire or submersion.
 - B. May allow you to remain conscious so you can get out.
 - C. Designed for easy exit.
- V. I'm a good driver, I won't have an accident.
 - A. Cannot control others.
 - B. Everyone can expect to have a reported accident once every sixteen years.
 - C. One out of every forty people born today will die in a fatal auto accident.
- VI. It takes too much time.
 - A. How much is your life worth?
 - B. How much is it worth to your family and friends?
 - C. It takes three seconds to fasten a modern lap/shoulder belt.
 - D. It takes less than 1/2 second to become injured or killed in a collision.
- VII. Pregnant women should not wear safety belts.
 - A. Belt will not cause miscarriage.
 - B. Belts do not harm the fetus.
 - C. Belts do protect the mother and the unborn baby.

Types of Child Safety Systems

- I. Infant safety seats—birth to 12 months
 - A. Protects the infant with a harness and is anchored to the car with a safety belt.
 - B. Seat faces the rear.
 - C. Semi-reclining position.
 - D. The safest place for children is in the center of the rear seat.
 - E. In a crash, the baby's back absorbs the crash forces rather than its delicate chest and abdomen.
 - F. Common misuses:
 - 1. Harness not fastened over shoulders
 - 2. Seat facing wrong way
 - 3. Improper belting of safety seat to the vehicle
- II. Convertible seats—birth to four years
 - A. Can be used as infant carrier and toddler seat
 - 1. Use facing the rear for infants
 - 2. Converted to face forward for toddlers
 - B. Require proper anchoring including, in some instances, a tether strap
 - C. Common misuse
 - 1. Installed so the infant faces front of car.
 - 2. Improper harnessing of infant or toddler
- III. Toddler seats
 - A. Child must be able to sit up without support.

INSTRUCTOR'S NOTES

Source: National Center for
Statistics and Analysis,
NHTSA

Discussion: What role do
you play in other people's
lives

Show film: *Children and
Infants in Car Crashes* or
Child Restraints

CAUTION: some seats have
arm rests which may be
mistaken for shields, but do
not offer any protection at
all.

- B. Shield type
 - 1. Held in place by seat belt
 - 2. Shield provides protection for the face, head, and chest.
 - 3. Child may be able to crawl out while vehicle is moving.
- C. Harness type
 - 1. Must be properly anchored.
 - 2. Child cannot wiggle or crawl.
 - 3. Some require top tether; newer seats may not.
- D. Combination, a blend of shield and harness types.
- E. Common misuses
 - 1. Harness not used properly.
 - 2. Car lap belt routed through lowest section of the frame.
- IV. Booster seats—over 40 pounds
 - A. Designed to be used after children outgrow convertible or toddler seats and before they can use adult safety belts.
 - B. Use an adult lap/shoulder belt or harness plus adult lap belt.
 - C. Common misuses—tether harness or shoulder harness not used.
- V. All child safety seats have a label showing they meet federal safety standards.
 - A. Always follow manufacturers' installation instructions.
 - B. Seats that have been in a crash should not be used again.
- VI. Adult belts for older children
 - A. When child safety seats have been outgrown.
 - B. If shoulder belt crosses child's face or neck, place it behind the child's back after the lap portion is secure.
 - C. Lap belts should be snug and as low on the child's hips as possible.
 - D. Do not use pillows or other objects to boost up the child or the child's safety seat.
 - E. Center rear seat is the safest place in the car.

**Child Safety System
Purchase**

- I. Considerations:
 - A. There is no "best seat."
 - B. Must be appropriate for child and type of vehicle.
 - C. Can be purchased at department and juvenile product stores.
 - D. Infant "car" beds should not be confused with approved safety seats for motor vehicle use.
 - E. Hospitals may have loaner programs.
- II. Criteria:
 - A. Safety
 - 1. Primary objective is to provide collision protection.
 - 2. As of January 1, 1981, all new child safety seats on the market have to meet Federal Motor Vehicle Safety Standard 213 and are marked as such on the seat.
 - 3. Seats manufactured after February 1985 must have two labels
 - a. This child restraint system conforms to all applicable Federal Motor Vehicle Safety Standards, and

INSTRUCTOR'S NOTES

NHTSA Auto Safety Hotline
number:
800/424-9393, In D.C.,
426-0123.

b. This restraint is certified for use in motor vehicles and aircraft.

B. Comfort

1. How large is the child using the safety seat?
2. How old is the child?
3. Test the child in the seat to see if the child is comfortable.
4. Children are more apt to sit in a seat if they are comfortable and can see out of the car.

C. Convenience

1. How often will YOU move seat from one vehicle to another?
2. The more complicated the seat is to use, the greater potential for misuse or not using it at all.
3. Size of the motor vehicle

D. Vehicle adaptability

1. Will the child safety seat fit in YOUR vehicle?
2. Not every child safety seat will fit in every vehicle. Consumer should try seat for proper installation.
3. Can the safety belt be appropriately routed through the child safety seat frame.

Myths and Facts About Child Safety Seats

- I. Standard safety belts are adequate protection for my child.
 - A. May be used for children who have outgrown safety seats.
 - B. Lap belt worn in the rear seat is better than no belt at all.
- II. I can not get my child to ride in a safety seat.
 - A. Child has a better view.
 - B. Child is often more content.
- III. In a serious collision nothing will really protect a child.
 - A. Fatalities could be reduced by 71%.
 - B. Serious injuries could be reduced by 67%.

Mandatory Safety Belt Use

I. Usage rates in foreign countries with use laws.

<i>Country</i>	<i>Before law</i>	<i>After law</i>
Australia	19-25%	82-96%
Canada	4-40%	50-70%
England	30%	95%
Germany	42%	92%
Israel	6%	70%

II. Mandated in 26 States and D.C.

A. New York

1. Went into effect in 12/01/84; penalties began 01/01/85.
2. Current usage is down from initial implementation usage rate.
3. 18% fatality reduction.
4. Reduced rate of injury.
 - a. Serious injuries declined 18.6%.
 - b. Moderate injuries 20.5%.
 - c. Uninjured drivers increased 6.1%.

Applicable State Laws

I. Discuss State safety belt laws

INSTRUCTOR'S NOTES

Unrestrained child may cause an accident or injure others as flying "missiles" in a crash.

As of April 1987. Check statistics prior to presentation.

Make certain you are familiar with actual laws in your State, be prepared for questions

- A. Title
- B. When enacted
- C. Overview
 - 1. Requirements
 - 2. Exemptions
 - 3. Penalties
- D. Usage rates/effectiveness numbers
- II. Child safety systems
 - A. Title
 - B. When enacted
 - C. Overview
 - 1. Requirements
 - 2. Exemptions
 - 3. Penalties
 - D. Usage rates/effectiveness numbers
- III. Occupant protection devices or systems are one component highway safety countermeasure. Other aspects include:
 - A. 55 mph speed limit
 - B. Anti-drunk-driving campaign
 - C. Age 21 drinking laws
 - D. Motorcycle helmet laws
 - E. Pedestrian safety
 - F. Others

Summary and Questions

- I. Safety belts save lives
 - II. Child safety systems save lives
 - III. They must be used correctly and consistently.
 - IV. Class question or comments on lesson
 - A. Review Knowledge Quiz and Opinion Poll with class
 - B. Discuss changes in feeling about occupant protection devices
 - C. Discuss potential behavioral changes with class
 - V. Request return demonstration of objectives
- Handouts:
- Child restraint brochure
 - Air bag brochure
 - Automatic restraint brochure
 - History Lesson for Adults*
 - How Many Fairy Tales Have You Told?*

INSTRUCTOR'S NOTES

Available from State
highway agency
Mandated in 50 States and
D.C.

From State highway safety
agency

Lesson 2:

EMS Involvement in Prevention

Introduction

The material presented in this lesson is intended to provide EMS providers with a rationale as to why they should be involved in educating the general public in the need for occupant protection. It goes into more depth in some of the areas covered in Lesson 1 and introduces strategies for effectively teaching professional associates and the general public about the benefits of consistent use of safety systems. Some specific information is provided relative to the appropriate removal of individuals from safety belts and the treatment of infants and children in safety seats. This lesson is intended for instructor-level personnel who will be presenting the material covered in Lesson 1.

At the conclusion of this lesson, the student will be able to:

- * Describe how assisting in public awareness and education campaigns relative to occupant restraint systems can contribute to the overall goal of EMS.
- * Describe three positive outcomes for the local ambulance service or rescue squad as a result of assisting with the program.
- * Describe two similar preventive activities which are common to EMS systems.
- * Describe the particular hazards which face EMS providers.
- * Describe what factor is most significant in predicting the extent of injury in an unrestrained occupant.
- * Describe the three collisions which occur during a motor vehicle accident and the relative importance of the “third” collision.
- * State from his/her own experience the relative incidence of fatal injury in a restrained versus unrestrained occupant remaining in the vehicle.
- * State from his/her own experience the relative incidence of fatal injury witnessed in occupants who have been ejected from the vehicle.
- * State from his/her own experience the relative incidence of fatal injury among infants and children who have been appropriately restrained versus unrestrained occupants.
- * Identify the various laws in existence in his/her State related to safety belt and child safety restraint use.
- * Answer correctly the following questions about the specific elements of any law existing in his/her State which deals with mandatory use of child safety restraints:
 - What age children are required to be in child safety seats?
 - Are children in the rear seat of a vehicle required to be restrained?
 - Does the law require a specific type of safety seat or restraint mechanism based on the age of the child?
 - Does the law apply only to residents of the State?
 - Does the law apply equally to all drivers or only to specific categories of drivers, such as parents?
 - What, if any, exemptions are specified in the law?
 - Under what circumstances, if any, does the law allow the use of a safety belt instead of a child safety seat?
 - What is the penalty for failure to use the required child safety seat?
 - What, if any, penalties are attached to use of a seat which does not meet Federal Safety Standards or improper installation of a seat?
- * Answer correctly the following questions about the specific elements of any law existing in his/her state which deals with mandatory use of safety belts:

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There is no handwriting or other markings on the page.

- In what types of vehicles is safety belt use required?
- Which of the occupants of a vehicle covered by the law are required to use safety belts?
- Does the law apply only to residents of the State?
- What, if any, specific exemptions are granted in the law?
- What is the penalty for failure to use safety belts as required?
- * Describe any administrative rules, regulations or policies issued pursuant to the child safety seat and/or safety belt use laws by the agency responsible for implementing the law.
- * Describe requirements, if any, imposed on persons operating EMS vehicles and transporting patients.
- * Identify three techniques which may be used to increase effectiveness of convincing the general public to use their safety systems.
- * Demonstrate the proper installation of child safety seats.
- * Demonstrate a proper method of immobilization of a child or infant using child safety seat as an immobilization device.

Requirements

Material:

- * Handouts or references *The Human Collision*
- * Copies of the State's Safety Belt Use Law or Child Restraint Law

Equipment:

- * 35 mm slide projector
- * 16 mm film projector
- * Screen
- * Chalkboard/flipchart

Visual Aids:

- * Prepared slides covering the material presented in the lesson.
- * Film *Seat Belts Save Lives*
- * Approved infant/child carriers
- * Infant manikins
- * Child safety seats: infant, toddler, and booster

Instructor Preparation/ Tasks

Instructors:

- * One individual knowledgeable in the content area of this lesson and also recognized as an effective trainer. A sound working knowledge of the kinetics of trauma and current concepts in prehospital trauma care is essential. Since many of the students in this class will eventually teach this same material, the modeling of effective training style is critical. This individual should also be currently certified/licensed at the Basic Emergency Medical Technician level or higher.

The instructor should:

- * Review the lesson outline to ensure complete understanding of the contents and procedures.
- * Review and preview all references and visual aids selected for this lesson.
- * Review the State laws relating to occupant protection and be prepared to discuss them.

Administrative Matters

I. Instructor introduction

[illegible]

TOPIC**CONTENT OUTLINE**

	<ul style="list-style-type: none">A. NameB. TitleC. Affiliation, etc.II. Student attendanceIII. Announcements, etc.
Lesson Purpose	<ul style="list-style-type: none">I. Lesson is intended to provide EMS providers with a rationale for involvement in educating the general public in the need for safety system utilization.II. It is an expansion of Lesson I: to more effectively prepare the participant in educating the general public.III. It introduces strategies for effectively teaching professional associates and the general public about the benefits of consistent use of safety systems.IV. Specific information relating to the provision of care for restrained occupants is provided.
Lesson Objectives	<ul style="list-style-type: none">I. State the overall goal of EMS.II. Briefly review the lesson objectives.
Goals of EMS	<ul style="list-style-type: none">I. Reduction of mortality<ul style="list-style-type: none">A. Motor vehicle trauma is a leading cause of death between the ages of 1 and 34.B. Motor vehicle trauma is the fourth leading cause of death overall.C. Cost to the economy is more than \$69.5 billion annually.D. Motor vehicle collisions are the leading cause of trauma.E. Critical trauma can not be effectively treated in the prehospital environment; prevention is far more effective in the reduction of death and lasting disability.F. Safety belts could save 50% of motor vehicle crash victims annually.G. Child safety seats could reduce infant mortality from MVCs by 71%.II. Reduction of morbidity<ul style="list-style-type: none">A. Safety belts could reduce serious injuries by approximately 50% annually.B. Child safety seats could reduce serious injury by up to 67%.
Benefits to a Local EMS System	<ul style="list-style-type: none">I. Provides high visibility for the EMS providers and provides an opportunity to describe to the public what EMS is.<ul style="list-style-type: none">A. Direct public contactB. Media contactC. Interagency contactII. Demonstrates concern for the public welfareIII. Creates a positive image by demonstrating:<ul style="list-style-type: none">A. KnowledgeB. ConcernIV. Increased use of safety belts means reduced traffic fatalities and severe injuries, and therefore, less stress on the prehospital care system resources.

INSTRUCTOR'S NOTES

1. Heart disease
2. Cancer
3. Strokes
4. Trauma

If local statistics are available, give the actual cost of ambulance runs, personnel, etc., which would be prevented by increased use of safety belts.

EMS's Role in Prevention

- I. Emergency Medical Services providers are generally respected by the public due to their personal involvement with patient care and their "high profile" in the local community.
- II. EMS is a "grass roots" program which represents membership from many walks of life, both paid and volunteer.
- III. Similar to other preventive efforts:
 - A. CPR
 1. Risk factors
 2. Prudent heart living
 3. Early warning signs
 - B. Blood pressure screening
- IV. Development of an EMS policy for use of seat belts in emergency vehicles.
- V. MVC trauma prevention through occupant protection use may be more effective than either of the above.

Dynamics of a Crash, Revisited

- I. Determined by Newton's Laws of Motion:
 - A. Things in motion tend to remain in motion until acted upon by an outside force, and
 - B. Stationary things tend to remain stationary until acted upon by an outside force.
- II. When moving and stationary objects collide, the energy is dissipated by:
 - A. The absorption of energy by the vehicle in the crushing of metal, and
 - B. The absorption of energy by the body, which produces trauma.
- III. Similar results occur when two moving objects collide.
- IV. Trauma-producing energy can be related to the formula for kinetic energy:

$$K.E. = \frac{\text{Mass} \times \text{Velocity}^2}{2}$$
 - A. Double the mass = double the energy
 - B. Double the velocity = four times the energy
 - C. Speed is an important factor in determining the outcome of any MVC.
- V. There are actually three collisions in a MVC:
 - A. The first collision occurs when the vehicle stops and the energy is absorbed by the vehicle by crushing metal.
 - B. In the second collision, the body collides with the vehicle.
 1. The body continues to move forward until it hits something in the vehicle.
 2. Energy is absorbed by the body resulting in injuries to the body.
 - C. In the third collision, the organs continue to move forward at about the same rate of speed until they collide with the interior of the body.
 1. Energy absorbed resulting in blunt trauma to the organ, and
 2. Fracture or detachment of organs and resultant hemorrhage.
 3. May produce critical shock with little obvious external evidence.
- VI. Collision types—five types of impact.

INSTRUCTOR'S NOTES

Show Seat Belts Save Lives

Stress that this is not intended to be a physics course. The important thing is the relationship of speed in trauma-producing energy.

- A. Frontal impact.
- B. Rear impact.
- C. Lateral impact.
- D. Rotational impact.
- E. Roll overs.
- VII. It is important to be able to identify suspected injuries to a crash victim so that appropriate emergency care can be administered. It can also help to establish whether or not safety belts or child safety systems were in use at the time of impact.
- VIII. Frontal impact
 - A. Down and under. Depending on the forces involved in the impact, there are multiple potentials for injury from the initial impact of the knees striking the dash or fire wall.
 - 1. Patella fractures
 - 2. Dislocated hips
 - 3. Pelvic fractures
 - 4. Femur fractures
 - 5. Hip fractures
 - B. The secondary impact occurs when the upper part of the body strikes the steering wheel, dashboard or windshield.
 - 1. Skull fractures
 - 2. Laryngeal injuries
 - 3. Head/facial lacerations
 - 4. C-Spine fractures
 - 5. Compression injuries of the thorax and abdomen
 - C. Up and over. Initial impact, head striking the windshield.
 - 1. Skull fractures
 - 2. Lacerations and fractures of the face
 - 3. C-Spine injuries
 - D. Secondary impact, chest and abdomen striking the steering wheel.
 - 1. Fractures of the sternum and ribs
 - 2. Compression injuries of the abdomen, lacerations of the liver, spleen, etc.
 - E. Infants who are unrestrained or are improperly restrained will be propelled forward. They will impact either front seat occupants or unyielding structures such as the dashboard, instrument panel or windshield.
 - 1. Head, neck, spine injuries are frequent, though any injury pattern may occur.
 - 2. Infants held on the lap of an unrestrained adult will be crushed against forward structures by the impact weight of the adult.
- IX. Rear impact
 - A. If head rests are not properly placed, the body is pushed out from under the head/neck.
 - 1. Stretched or torn anterior ligaments of the neck
 - 2. Cervical fractures

INSTRUCTOR'S NOTES

Ejection will also be discussed as a type of impact.

Head-on

Whiplash

From the side

Off center

Discuss mechanisms of injury related to delivery of care and assessment of injuries.

Stress need for proper head restraint placement

- B. Often the front vehicle, now in motion, will collide with an object or other vehicle in front, resulting in a frontal impact. A survey of the scene will alert you to the possibility of rear impact followed by a frontal impact.
 - C. Infants and children can be propelled against the rear structures in vans, station wagons, or hatchbacks with unpredictable injury patterns. Rear facing seats in vans or station wagons are particularly dangerous for unrestrained infants and children.
 - X. Lateral impacts
 - A. Vehicular intrusion. The initial force is usually transmitted to the chest or pelvic area of the occupant on the side of impact.
 - 1. Lateral cervical ligament and tendon injuries to the opposite side of the neck from impact
 - 2. Fractures and lacerations of the head
 - 3. Compression injuries to chest
 - 4. Internal chest injuries
 - 5. Hip and pelvis injuries
 - B. Unrestrained infants or children may be propelled against doors, door or window supports or against other vehicle occupants or objects. Steering wheel and shift levers may be lethal.
 - XI. Rotational impacts
 - A. Rotational or off-center impact may cause a spinning or pivoting motion around the point of impact.
 - B. Injuries to look for are combinations of all forms of impacts.
 - XII. Rollovers
 - A. Occupants can impact anywhere in the vehicle causing multiple and complex injuries.
 - B. Frequently occupant ejection occurs in vehicle rollovers. When a partial ejection occurs a portion of the body is ejected from the vehicle and the following may occur:
 - 1. Crush injuries
 - 2. Avulsion injuries
 - C. Total ejections frequently result in serious injuries because of the several paths a body may take during ejection. Often the vehicle will roll over an occupant after ejection.
 - XIII. Additional risks to EMS personnel from vehicle equipment.
 - A. Loose equipment
 - 1. Oxygen tanks
 - 2. Jump kits
 - 3. Others
 - B. Angular surfaces
 - 1. Cabinets
 - 2. Switch panels
 - 3. Others
 - C. Steering column
 - D. Squad bench dynamics
 - E. Correct as many as possible to prevent injuries

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- F. Increased likelihood of being involved in a crash
 - 1. Emergency driving
 - 2. Distractions
 - 3. Increased speed

Survey of Past Experiences

- I. Ask the following questions:
 - A. How many of you have been to the scene of a crash involving fatalities?
 - B. How many MVC fatalities in total have you responded to?
 - C. Out of the number, how many were still in the vehicle appropriately restrained?
 - D. Roughly what percentage of all of your responses to MVC fatalities has been to scenes where occupants had been ejected from the vehicle?
 - E. How many MVC fatalities have you responded to involving infants and children under the age of five?
 - F. How many of those fatalities were properly restrained in approved child safety seats?
 - G. Recognize that safety belts will not save everyone in every accident.
- II. Allow for a few minutes discussion relative to their own anecdotal findings on the effectiveness of occupant restraint systems.

Laws: Overview

- I. Identify the specific State laws which address the use of child safety seats and/or safety belts.
- II. Discuss the history and background on each of these laws.

Child Restraint Devices

- I. Review and discuss the provisions of the State law relating to the use of child safety seats including:
 - A. Age
 - 1. Ages for mandatory use of child safety seats.
 - 2. Different ages are required to be protected in different devices.
 - 3. When is use of a normal safety belt allowed and/or required?
 - B. Location in vehicle
 - 1. Is the child safety seat required to be in a certain seat position in the vehicle?
 - 2. Are children in the back seat or third seats required to be restrained?
 - C. Residency
 - 1. Discuss whether law applies to all drivers or only to State residents.
 - 2. Define residency for the purposes of this law.
 - D. Type of seat required
 - 1. Discuss the types of restraints required for children of specific ages.
 - 2. Discuss definition of infant, toddler, etc. in the law.
 - E. Drivers affected by the law
 - 1. Does the law apply to all drivers?

INSTRUCTOR'S NOTES

Give examples: Vehicular intrusion, high speed

May want to solicit participation from law enforcement to discuss specifics of the law/s.

e.g. Does an infant have to be in a different seat than an older child?

For example: vans

Distribute copies

Display types of seats available for infants, toddlers etc.

e.g. parents and guardians of children

2. If the law applies only to certain categories of drivers, define the categories.
- F. Exemptions
 1. Discuss any specific exemptions to the law.
 2. Discuss the definitions applied to any of the exemptions to clarify the meaning of the exemptions.
- G. Use of safety belts
 1. Describe any circumstances under which the law allows use of the safety belt instead of a child safety seat.
 2. Discuss whether number of children in the vehicle, position of children in the vehicle or other considerations are related to the use of a safety belt rather than a child safety seat.
- H. Sanctions/penalties
 1. Describe the penalties assessed for failure to use a child safety seat when required.
 2. Discuss penalties associated with use of an unapproved seat or of an improperly installed seat.
 3. Describe the process which takes place when a person is cited for a violation of the child safety restraint law.
- II. Identify any provisions of the child passenger protection law which make funds available for purchase of child safety seats.
 - A. Describe local loaner programs.
 - B. Cite any other sources of assistance in purchasing or otherwise obtaining a child safety seat.
- III. Identify the State agency responsible for administering and evaluating the effectiveness of occupant protection laws.
- IV. Cite any additional regulations, rules, policies, or interpretations of the child passenger protection law which have been issued by the administering agency or the courts.

Safety Belt Use Law

- I. Review and discuss the provisions of the State law relative to the use of safety belts including the following:
 - A. Residency
 - B. Location in vehicle
 - C. Sanctions and penalties
- II. Identify the State agency responsibility for administering and evaluating the effectiveness of the safety belt law.
- III. Cite any additional rules, regulations, policies, or interpretations of the safety belt law which have been issued by the administering agencies or courts.

EMS Personnel and the Laws

- I. Describe how the State child passenger safety law applies to EMS vehicles.
 - A. Is the use of a device required in ambulances?
 - B. Describe the types of instances in which use of a device would be required.
- II. Describe the requirements placed on EMS vehicle drivers and passengers by the State safety belt use law.

INSTRUCTOR'S NOTES

Give contact numbers and addresses. Hospitals, EMS, police, etc.

Distribute copies.

If your State does not have such a law, distribute a model from another State.

Discuss these items in similar fashion to the child restraint section.

Distribute copies.

Ways to Increase the Effectiveness of Your Presentation

- A. Discuss how this law applies to the ambulance driver and passenger.
- B. Discuss how it applies to the EMT caring for the patient in the back of the ambulance.
- I. Dress in uniform
 - A. Helps establish credibility
 - B. Identifies class with EMS service.
 - C. Establish first-hand knowledge of the problem.
- II. Relate concern through example.
 - A. Stress that what you have seen as an EMS provider has convinced you that safety systems save lives.
 - B. People saved by the belt, child safety seat, air bag.
 - C. Examples of tragedies of families being broken
 - 1. The loss of a child by a parent.
 - 2. The loss of a parent by a child.
 - D. No gory war stories.
 - E. Always make a point of buckling up in the ambulance or private vehicle and not just after class.

Installation of Child Protection Seats

- I. Proper installation of child safety seats.
 - A. Demonstrate the appropriate method of installing a child safety seat in an automobile and in the ambulance.
 - 1. Infant safety seat: birth to 12 months
 - 2. Toddler seats: 1–4 years of age
 - 3. Booster seats: >40 pounds
 - 4. Proper routing of lap belt
 - B. Class practice using two or three different types of child safety seats.
 - 1. In private vehicle
 - 2. In the ambulance

Emergency Removal and Transportation of Children in Protection Seats

- I. EMS personnel will encounter motor vehicle crashes involving children, secured in a safety seat.
- II. Proper use of the child safety seat is very important in treating and extricating vehicle occupants.
 - A. Ideally the child will not sustain injury.
 - B. The child safety seat may be installed incorrectly and some injury may occur.
 - C. In other instances, the circumstances of the collisions are such that injury to the child was unavoidable.
- III. When the Emergency Medical Technician or trained first responder encounters the situation, the following guidelines should be followed.
 - A. Provide treatment to the child without removing him/her from the safety seat if possible. Only consider removing the child from the seat if appropriate treatment cannot be administered while the child is in the seat.

INSTRUCTOR'S NOTES

Child safety seats come in several shapes and sizes. Because of the different stages of a child's development, children require different types of protection. Make sure that students understand that there is no "best" seat. You should be familiar with the principles involved and have working knowledge of the proper installation of child safety seats.

Be cautious not to overreact to the presence of a child victim by ignoring other severe injuries sustained by adult patients.

(ie: respiratory, cardiac arrest).

- B. When preparing to transport the child, make sure that the harness device is secure and that the car safety belt is removed, freeing the entire seat for transportation by the EMT.
- C. Using roller bandages, secure the child's head to the safety seat to stabilize potential cervical spine injury.
- D. Transport the child in the seat, using it as a splinting device.
- IV. During transportation to the medical facility, make sure that the child is being cared for and monitored at all times. The principles of pediatric care should be employed.
- V. Make sure that the child safety seat is secured appropriately during the transportation phase to the medical facility.
- VI. Demonstration and practice
 - A. The instructor should demonstrate to all students the appropriate method of securing a child into a safety seat, removing the entire unit from an automobile, and securing it in an ambulance.
 - B. Divide the class into small groups.
 - C. Each student should demonstrate the appropriate technique of securing the child and removing the entire unit from an automobile.

Summary and Questions

- I. Class questions or comments on the lesson.
- II. Ask selected students for demonstration of the objectives.

INSTRUCTOR'S NOTES

The body of a child is different from that of an adult in a number of ways. The small child's heavy head and small body make him very likely to suffer serious head and spine injuries. The EMT should be alert to signs of head/spine injuries.

Depending on the number of child safety seats and manikins.

Lesson 3:

Designing and Implementing an Occupant Protection Program

The material presented in this lesson is intended to provide EMS providers with an introduction to methods of establishing a community-wide occupant protection program. It is designed for individuals who are predominantly responsible for the development and implementation of the EMS component of community-wide programs.

At the conclusion of this lesson, the instructor will have provided sufficient information, demonstration, and practice to the student to facilitate his/her ability to:

- * List three strategies which, when implemented through the local EMS organization, will increase the use of occupant protection devices.
- * Identify three ways in which the EMS community can become involved in existing community occupant protection programs.
- * Identify three ways in which the EMS provider can obtain support from supervisors, department heads, and others to implement a community occupant protection program.
- * Describe potential resources for funding local occupant protection programs.
- * List at least five other community organizations and institutions which could be included in a network for such effort.
- * Define “networking” and “team building” as they relate to community programs designed to increase public interest and involvement in highway safety efforts.
- * List at least four national organizations and local affiliates in your area associated with emergency medical services who are involved in networking for highway safety.
- * Give one example of a networking program related to highway safety which exists in his/her State.
- * Identify a minimum of five organizations or agencies related to EMS and health care in his/her locality which could be incorporated into a community networking program to promote occupant protection use.
- * List at least three benefits a local ambulance service or EMS squad can gain from participation in a networking project to encourage use of safety belts and child safety seats.
- * Explain how the process of team building could be employed to bring together the police, EMTs, and fire service personnel in an effort to increase the percentage of safety belts used in the community.
- * Identify at least three sources of information which could be used to assist in designing a community network for such a project.
- * Identify one source from which an EMS organization could seek funding to develop such a community program and describe the process to be used in seeking such funding.
- * Identify the individuals at each local media outlet who should be contacted when media coverage of a news item or event is needed.
- * Identify at least three steps an organization can take to cultivate effective communications and supportive relationships with the media.
- * Compare and contrast the different approaches necessary to make effective use of newspaper and television coverage of a highway safety public education presentation based on the differing natures of those two media.

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TOPIC**CONTENT OUTLINE**

- * Organize a community coalition of concerned citizens and organizations to “get the word out.”
- * List at least three methods for getting highway safety information and messages into community newspapers.
- * List at least three methods for getting highway safety information and messages on local television stations.
- * Identify four specific campaign strategies to increase public awareness/use of occupant protection devices.
- * Identify three reasons why the local EMS community should strive to involve and secure community and news media support.
- * Understand the importance of program evaluation relative to occupant protection campaigns.
- * Identify three specific campaign strategies to increase the awareness of students (grade school through high school) as to the importance of safety belt usage (alcohol and speed, too).
- * Identify three potential sources of child safety seats for low income families.
- * Develop a program to include: program summary, problems statement, objectives/performance indicators, program description, key program tasks and milestones, program evaluation.

Requirements

Material (one for each student):

- * DOT occupant protection kit (if available)
- * Examples of public information posters, ads, etc.
- * List of local civic organizations.

Equipment:

- * 35 mm slide projector
- * Screen
- * Chalkboard/flipchart

Visual Aids:

- * Prepared slides or overhead transparencies.

Instructors:

- * One individual knowledgeable in the content area of this lesson and also recognized as an effective trainer. Ideally, this individual should have previous experience in the establishment or participation of community-wide programs.
- * Participation by EMTs, seat-belt coalition members, law enforcement, and the State highway safety office is encouraged.

**Instructor Preparation/
Tasks**

The instructor should:

- * Review the lesson outline to ensure complete understanding of the contents and procedures.
- * Review and preview all references and visual aids selected for the lesson.
- * Be familiar with all visual aids and other equipment to be used during the lesson.
- * Be able to familiarize the student as to the content and purpose of all course literature to be presented during the lesson.

[illegible]

- * Be familiar with safety belt programs underway statewide, regionally, or locally.

NOTE: Potential instructors will benefit from the opportunity to view a variety of excellent films available through local, regional, national, or State highway safety offices, insurance companies, or seat-belt coalitions.

Administrative Matters

- I. Instructor introduction
 - A. Name
 - B. Title
 - C. Affiliation, etc.
- II. Student attendance
- III. Announcements, etc.

Lesson Purpose

- I. Lesson Three is intended to provide EMS administrators, coordinators, and managers methods and techniques of establishing community-wide campaigns for increased safety system use.
- II. A variety of approaches are discussed and suggestions are made for maximum use of resources in the community.
- III. It introduces strategies for effectively gaining media and public support for the program.
- IV. This lesson is designed for information sharing and therefore will be presented in a discussion rather than in a structured presentation format.

Lesson Objectives

- I. Briefly review the objectives as listed.
- II. Review the anticipated outcomes which you and/or the students may have.

Developing a Program Plan

- I. EMS system involvement—How
 - A. Motivation of EMS providers using guidance from State, regional, and local organizations currently involved in occupant protection programs.
 - B. Direct program involvement
- II. Role of the EMT
 - A. EMTs may become a part of an already existing program as additional resources.
 - B. An EMT may be identified as a community-based program coordinator, if no program is currently in place.
 - C. Increased awareness of the EMS system is a fringe benefit that should be built into the program plan.
- III. Developing a program plan.
 - A. Community assessment and problem identification.
 - 1. Who is currently involved?
 - 2. Conduct usage surveys (observational).
 - 3. Obtain accident statistics.
 - 4. Conduct knowledge and opinion polls.
 - 5. Summarize findings in problem statements.
 - B. Identify leadership
 - 1. Select coordinator.

[illegible]

2. Form committee.
3. Obtain support staff as needed.
- C. Goal setting
 1. Identify target groups for program.
 2. Identify human resources for conducting program.
 3. Prepare program strategies.
 - a. When to start.
 - b. Activities
 - c. Time line for plan
 4. Establish budget.
 5. Define methods for evaluation.
- D. Program design
 1. Specify objectives for each target group.
 2. Establish schedule.
- E. Resource requirements
 1. Personnel
 2. Funding
 3. Sponsors or endorsements
 4. Audiovisual aids
- F. Interface with other organizations already involved in safety belt use programs.
 1. Coalitions
 2. State highway safety offices
 3. Hospitals
 4. Women highway safety leaders
 5. Others
- G. Procurement of resources necessary to accomplish stated goals.
- H. Program implementation.
- I. Program evaluation.
 1. Compare results of usage surveys before and after program.
 2. Compare knowledge and opinion polls before and after.
- IV. Types of programs that may be started.
 - A. Public information.
 1. Public service announcements (PSA) over local radio and TV stations.
 2. Poster displays and poster contests.
 3. Incentives—local businesses donating prizes to give individuals observed using their safety belts.
 - B. Face-to-face interaction
 1. Demonstrations of collision forces using devices such as the “convincer.”
 2. Demonstration of EMS system responses to calls for assistance. Stress importance of prevention.
 3. Mascot—Establishment of local “mascot” for the use of safety belts.
 4. Incentives

[illegible]

- a. Bumper sticker contests.
 - b. Slogan contests
 - c. Prizes for use of occupant protection devices.
 - d. Lower insurance rates.
- 5. Use requirements
 - a. Supporting mandatory occupant protection laws
 - b. Require use in ambulance.
 - c. Promote corporate programs requiring usage in company-owned vehicles.
- V. Involvement in ongoing occupant protection campaigns.
 - A. Offer local EMS service's support to local, regional, or State programs which have already been established.
 - B. Modifying the life styles of EMS community members to be "examples" as safety belt users.
 - C. Provide EMS community involvement in ongoing programs and activities in local area.

**Internal Support Structure
& Funding Sources**

- I. Support of supervisors and service directors.
 - A. Gaining the support of EMS leadership/supervisors is of vital importance for successful implementation of safety belt programs.
 - B. Demonstrate benefits of EMS involvement through greater public awareness of EMS interest, involvement, and capabilities
 - C. Identify potential rewards to the EMS service due to involvement in safety campaigns.
 - D. For services which employ paid EMS personnel, variability of duties allows for better utilization of personnel. This, in turn, would benefit the service through involvement.
- II. Potential sources of funding.
 - A. Establishment of "public information" line item in department budget.
 - B. Solicitation of donations from public/private sectors.
 - 1. Car dealers.
 - 2. Civic organizations.
 - 3. Local businesses.
 - 4. Other public safety organizations.
 - 5. Fund raising events (dances, raffles, etc.)
 - C. State, regional and local government grants.
 - 1. Government agencies may assist with grant writing.
 - 2. Agencies may provide information on available sources—public and private.

Networking

- I. Defined: A process of collaboration and resource exchange among individuals or organizations sharing common goals or strategies. A process of forming partnerships for mutual benefit.
- II. Although different agencies, such as police, fire, and EMS may have different approaches, the goal is the same.
- III. Creates a team approach to the problem.

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Networking Within Your Community

- I. Numerous support groups within the community.
 - A. Networks that have been cultivated by NHTSA through the national or parent organizations.
 - B. Networks that have been used by the EMS system for other projects.
- II. Assessment of community resources.
 - A. Are there loaner programs?
 1. State.
 2. Health departments.
 3. Hospitals.
 4. Police.
 5. Community groups, such as American Red Cross chapters.
 - B. Are “experts” available for speaking engagements?
 1. EMS personnel.
 2. Law enforcement officers.
 3. Physicians.
 4. Nurses.
 5. Traffic safety experts.
 6. Driver education instructors.
 7. Child passenger safety experts
 - C. Are organizations for support and promotion available?
 1. Service clubs.
 2. Community organizations.
 3. Chambers of Commerce.
 4. PTA.
 5. Athletic teams
 6. State and local child passenger safety associations.
 - D. Professional associations.
 1. Medical societies.
 2. Hospitals.
 3. Law enforcement.
 4. Other.
 - E. Labor unions.
 - F. Corporations.
- III. Availability of promotional materials.
 - A. NHTSA.
 - B. State highway safety agencies.
 - C. National or local safety council.
 - D. Private industry.
 - E. National Association of State EMS Directors.
 - F. National Council of State EMS Training Coordinators.
 - G. National Association of EMTs.
 - H. Auto manufacturers.
- IV. Technical assistance capabilities.
 - A. Schools.
 - B. Colleges.

[illegible]

- C. State highway safety agencies.
- D. State health departments.
- E. Department of Transportation.
- F. NHTSA regional offices.
- G. Advertising bureaus.
- V. A properly planned and integrated program network should include:
 - A. Community outreach.
 - B. Agency support.
 - C. Volunteer support.
 - D. Activities.
 - 1. Exhibits.
 - 2. Lectures.
 - 3. Fairs.
 - E. Public information and education.
 - F. Incentives.
 - G. Enforcement of mandatory use laws.
 - H. Evaluation.

Benefits of Networking

- I. Rationale for utilization.
 - A. Lends expertise.
 - B. Lends credibility.
- II. Adds additional resources and programs.
 - A. Loaner programs.
 - B. Financial resources.
- III. Increases promotional identity.
 - A. Attaches recognizable names to the program and effort.
 - B. Distributes burden and responsibility evenly.
 - C. Project is the community's.

Face-to-Face Projects

- I. Conduct special workshops
 - A. Health professionals.
 - B. Primary and secondary schools.
 - C. Corporations or other major employers.
 - D. Drivers education programs.
 - E. Law enforcement officials.
- II. Develop business contacts.
 - A. Store campaigns.
 - B. Incentive programs.
 - C. Special community-wide events. (health fairs, parades etc.)
- III. Joint statewide efforts.
 - A. Safety belt awareness week.
 - B. Trauma prevention week.
 - C. EMS week.
 - D. Others based on appropriateness of event.

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the page.

TOPIC**CONTENT OUTLINE****Use of the Media**

- I. A well-designed media campaign can greatly assist in educating the public during this type of campaign.
- II. Friendly and cooperative media can be strong allies to EMS.
- III. Important to foster a strong working relationship.

Print Media

- I. Adult audience.
- II. Types
 - A. Daily newspapers.
 - B. Weekly papers.
 - C. Special "shoppers" editions.
 - D. Flyers.
 - E. Posters.
 - F. Place mats in restaurants.
 - G. Billing inserts (public utilities or insurance companies)
 - H. Displays for malls or conventions.
 - I. Buckle banners.
 - J. Billboards.
- III. Access.
 - A. Press conferences.
 1. Face-to-face with reporters.
 2. Attract additional coverage for events or campaigns.
 3. Announce events with press release.
 - B. Editorial boards.
 - C. News editor conference.
- III. Methods
 - A. Press releases.
 - B. Letters to the editor.
 - C. Letters of thanks to reporters.

Electronic Media

- I. Wide audience range.
- II. Press conference must include visuals.
- III. Methods.
 - A. Interview.
 - B. Talk shows.
 - C. New stories.
 - D. Testimonials.
 - E. Public service announcements.
 1. Keep brief.
 2. Ask for review and comment before airing.

**Developing Program
Strategies and Gaining
Community Support**

- I. Occupant protection campaign strategies for local EMS organizations.
 - A. Make active EMS personnel and ambulance/rescue equipment available for presentations at local civic functions.
 1. Train all participating personnel in proactive interaction techniques when dealing with the public.

INSTRUCTOR'S NOTES

These may already be
prepared from your State
highway traffic safety office.

2. Make the availability of local EMS personnel widely known though personal contact with the leadership of local civic organizations.
- B. Develop "loaner" program for child safety seats, if not already established locally. If a program is established get involved in promoting it in your presentation.
- C. Develop and offer short training programs for "new" and expecting parents in the appropriate use of child safety seats.
- D. Distribute literature to local businesses and schools.
 1. This also provides an opportunity for local business leaders and teachers to get to know their EMS personnel.
 2. Add other literature such as alcohol abuse material, local emergency telephone numbers, CPR training announcements, anti-drunk driving, etc.
- E. Develop and/or provide public service announcements to local radio and television stations.
- II. Support of community and media.
 - A. Gaining the support of community leaders and local media is extremely important when establishing an occupant protection program.
 - B. Make your intentions, directions and goals known to the community and media early in the program implementation.
 - C. Develop standardized "press packages" and make them available at all public presentations or functions where members of the media may be present.
 - D. Hold press conferences at the start of the project and present your goal statements.
 - E. Co-sponsor activities with local businesses whenever possible.

**Occupant Protection
Program for Schools**

- I. Develop program strategies for children in grade school through high school.
 - A. In many cases, it is the children who convince their parents that they should use their safety belts.
 - B. Use material that is understandable for the target age group.
 - C. The introduction of a "mascot" is appropriate for younger children's campaigns.
 - D. Use of existing curricula is strongly encouraged.
- II. Meet with teachers, school administrators, and PTA.
 - A. Stress that school policies should be established relative to the use of safety belts by teachers, bus drivers, and other staff as an example to children.
 - B. Develop school-wide programs that will encourage constructive educational competition among the students.

Program Evaluation

- I. Develop comprehensive method of evaluating the success of occupant protection program.
 - A. Include space on local/State ambulance run forms to indicate whether safety belts or child safety seats were used and/or were a factor in reducing motor vehicle related injuries.

INSTRUCTOR'S NOTES

Development and implementation of "campaign" slogans are useful. Contact your State PTA office or council and borrow the audiovisual kit made available from NHTSA and the National PTA or contact your highway safety agency for educational materials, such as K-12 safety belt educational packages.

- B. Use local businesses to assist in developing community incentives, contests that would give an indication of the number of vehicle occupants observed using safety belts.
 - C. If local/State laws require the use of safety belts, monitor the number of violations written by law enforcement agencies.
 - D. Administrative evaluation
 - 1. Number of sessions.
 - 2. Number of people.
 - 3. Number of groups.
- II. As a minimum, analysis of campaign benefits, costs, and results should be done on a yearly basis.
 - A. Conduct observational surveys—use college or high school students.
 - B. Reduction in fatalities and/or injuries.
- I. Class questions or comments on the lesson.
- II. Ask selected students for demonstration of the objectives.

INSTRUCTOR'S NOTES

See *How to Develop
Comprehensive Community
Occupant Protection
Program* manual as an
example.

Appendix A

KNOWLEDGE QUIZ AND OPINION POLL

(Status: circle one) EMS Provider ____ Other ____

KNOWLEDGE

True *False* (circle the appropriate answer)

- | | | |
|---|---|--|
| T | F | 1. Safety belts are not necessary when taking short trips at low speeds. |
| T | F | 2. About 80% of all automobile collisions occur at speeds of less than 40 mph. |
| T | F | 3. If a motor vehicle collision occurs with an unrestrained infant passenger, the chances of the infant being seriously injured are low. |
| T | F | 4. One in ten injury-producing accidents involves fire or submersion in water. |
| T | F | 5. It is generally safer to be thrown out of the vehicle in an accident. |
| T | F | 6. A locking cam effect safety belt system activates only in a rapid deceleration event when the driver's body pulls on the belt. |
| T | F | 7. If you have an adjustable shoulder belt, it should be kept very loose for the best protection. |
| T | F | 8. Drivers wearing lap and shoulder belts have more control over the car in emergency situations. |
| T | F | 9. Adults' arms provide the best protection for a very small baby. |
| T | F | 10. Safety belts are designed to hold the occupant immobile and away from the collision force. |
| T | F | 11. Adult safety belts should never be worn by children under five years of age. |
| T | F | 12. If the label on a child safety seat says, "meets or exceeds Federal Safety Standards," it is acceptable. |
| T | F | 13. A common cause of death or injury to children in vehicular accidents is due to being crushed by adults who are unrestrained. |
| T | F | 14. Safety belts reduce the chances of being killed or seriously injured by 50% in the event of a collision. |
| T | F | 15. Automatic safety belts do not have to be buckled or unbuckled. |
| T | F | 16. Automatic belts and air bags are available in a limited number of new cars. |
| T | F | 17. Child safety seats are usable in the front seat of cars equipped with automatic belts. |
| T | F | 18. Air bags provide the best overall protection in all types of collisions (i.e., frontal, rear, rollover). |

-
- T F 19. An air bag is inflated with nitrogen, a harmless substance that is a key ingredient in the air we breathe.
- T F 20. Air bags should be replaced every four years.

OPINIONS

Multiple Choice — On the answer sheet circle the letter of the statement that comes closest to expressing your opinion.

1. EMS Providers are expected to be:
 - a. As good as other drivers.
 - b. Faster than other drivers.
 - c. Model drivers for other drivers.
2. EMS Providers should wear safety belts:
 - a. Only when on duty.
 - b. Any time they are in a moving vehicle.
 - c. Only when involved in emergency situations.
3. EMS Providers who wear safety belts generally do so:
 - a. To comply with the agency policy.
 - b. To be good role models for other motorists.
 - c. Because they feel safety belts make them safer.
4. As an EMS Provider, which one of the following statements about safety belts and your duties is true?
 - a. They only interfere when you are in a hurry.
 - b. They have no effect on the performance of your duties.
 - c. They tend to interfere with the performance of your duties.
5. The best reason for an agency to require employees to wear safety belts is:
 - a. To reduce lost work time.
 - b. To protect their employees' health.
 - c. To protect themselves against suits in the event of an accident.
6. Requiring children to wear safety belts is:
 - a. Not practical.
 - b. A responsibility.
 - c. A good idea when possible.

KNOWLEDGE QUIZ ANSWER KEY

1. Safety belts are not necessary when taking short trips at low speeds.

FALSE. Many people believe that they are very safe when driving just to the store, the school, or to a friend's house. They do it all the time, and think nothing will ever happen. But a collision can happen at any time or place. All it takes is one driver not paying attention, losing control, or taking an unnecessary risk. Three out of four collisions happen within 25 miles of home.

2. About 80% of all automobile collisions occur at speeds of less than 40 mph.

TRUE. Nearly 8 out of 10 collisions happen at speeds less than 40 mph. That's largely because most driving is done at low speeds and in urban areas. Driving at low speeds is no guarantee that you won't be hurt in a collision, however. People not wearing safety belts have been fatally injured in collisions at speeds as low as 12 mph. That's about the speed that you would be driving in a parking lot.

3. If a motor vehicle collision occurs with an unrestrained infant passenger, the chances of the infant being seriously injured are low.

FALSE. Infants and toddlers are top heavy and susceptible to head and spinal cord injury if not properly protected.

4. One in ten injury-producing collisions involves fire or submersion in water.

FALSE. If you watch television, you probably think cars explode and drop into rivers all the time. This does not happen in real life! Less than one out of every two hundred injury-producing collisions involves fire or submersion in water. Suppose this happens to you. A safety belt can save your life by reducing the severity of injury, keeping you alert, and enabling you to escape quickly. Without a safety belt, you can easily be stunned or knocked unconscious in even a minor collision. Then how will you escape?

5. It is generally safer to be thrown out of the vehicle in collision.

FALSE. Your chances of being fatally injured are approximately 25 times greater if you're thrown from the car than if you use the safety belt. It is not easy to get out of the car when you have to go through the windshield or out the side windows. That's going to hurt! Once you are out of the car and sailing through the air, you face your next problem, your landing zone. Without wings you really don't have a chance.

6. A locking cam effect safety belt system activates only in a rapid deceleration event when the driver's body pulls on the belt.

FALSE. The locking cam effect safety belt system always activates on impact. Under normal conditions the reel, which holds the belt, is free to rotate. Only the sudden change in motion of the car will cause the belt to lock up, holding the occupant firmly in place.

7. If you have an adjustable shoulder belt, it should be kept very loose for the best protection.

FALSE. Cars manufactured after 1974 are equipped with combination lap-shoulder belts which are self-adjusting. If you have an older model vehicle, usually your shoulder belt is adjusted separately. It should be slightly loose, allowing you to put your clenched fist between the belt and your chest. This will give you some freedom of movement in the car, yet it will be snug enough to prevent your upper body from hitting the steering wheel or dashboard.

8. Drivers wearing lap and shoulder belts have more control over the car in emergency situations.

TRUE. If you have to swerve suddenly to avoid a crash, your safety belt will hold you in your seat so that you can concentrate on steering. Without belts, it is likely that you could be thrown out of your seat or at least slide so far that you could not keep control of the car. Have you ever heard of a race car driver who doesn't use safety belts? Professional racing associations require the use of safety belts by all drivers, just like they require helmets and other safety devices.

9. Adults' arms provide the best protection for a very small baby.

FALSE. In a 30 mph crash, a 15-pound baby can suddenly weigh as much as 450 pounds. No matter how strong you are or how much warning you have, it is almost impossible for you to hold on to a baby in a crash. If this happens, the baby will hit the dashboard with the force of a fall from a three-story building. If you don't have your safety belt secured, you will crush the child. The only way to protect a small baby from injury in a collision, sudden stop, or swerve is to carry the baby in a specially designed car seat.

10. Safety belts are designed to hold the occupant immobile and away from the collision force.

FALSE. Safety belts are designed to absorb some of the crash force. There is a "ride down" benefit of safety belts, in which the belt stretches and begins to stop the wearer as the car is stopping. The belt spreads the stopping force widely across the strong parts of the body.

11. Adult safety belts should never be worn by children under five years of age.

FALSE. Child safety seats are more effective than safety belts for small children. When no safety belt is available, any child who can sit up unaided should be protected by a safety belt. Safety belts may be used for children who have outgrown safety seats.

12. If the label on a child safety seat says, "meets or exceeds Federal Safety Standards," it is acceptable.

TRUE. Since January 1, 1981, the Federal standard governing child safety seats has required dynamic testing. This limits forces placed on the child's body and ensures the safety of the structure of the child safety seat. Some safety seats manufactured prior to January 1, 1981, can meet these requirements; others cannot.

Your best guide to finding a safely constructed child safety seat is to consult any of the current "Shopping Guides" available from many of the State highway safety agencies, the American Academy of Pediatrics, or the Na-

tional Passenger Safety Association. These shopping guides list all the safety seats currently in production that give satisfactory performance in dynamic tests.

13. A common cause of death or injury to children in vehicular collisions is due to being crushed by adults who are unrestrained.

TRUE. This is something most people do not think about. When they try to visualize a crash, they see a car impact head-on and the people lurch forward. In real life, however, cars collide at all angles and the passengers are thrown in every conceivable direction—unless they are safely buckled up and anchored to the vehicle seat.

The most common causes of injury and death to children in automobile collisions are:

- a. being thrown into the windshield, dashboard, or some other part of the vehicle;
- b. being crushed by adults who are not wearing safety belts; and
- c. being thrown out of the car.

14. Safety belts reduce the chances of being killed or seriously injured by 50% in the event of a collision.

TRUE. 50% is a very conservative estimate. Some studies have shown the effectiveness of safety belts to be well beyond 80%. Naturally, the lap-shoulder combination gives better protection than just a lap belt.

15. Automatic safety belts do not have to be buckled or unbuckled.

TRUE. The belt moves automatically around front seat occupants when the car doors are closed. There are two types of automatic belts: one is attached to a track over the door and is operated by a small electric motor; the other is attached to the car's door and moves into place when the door is closed.

16. Automatic belts and air bags are available in a limited number of new cars.

TRUE. Automatic belts or air bags will be available in at least 10% of the 1987 model year fleet of cars sold in the United States. At this time air bags are available in Mercedes Benz, BMW, Ford Topaz, and Tempos.

17. Child safety seats are usable in the front seat of cars equipped with automatic belts.

FALSE. Child safety seats may only be installed with manual lap belts. Automatic safety belts are not designed, and should not be used, to install child safety seats in a car. For cars without the manual lap belt, the child safety seat *must* be installed in the rear seat.

18. Air bags provide the best overall protection in all types of collisions (i.e., frontal, rear, rollover).

FALSE. Air bags are designed for protection in *frontal* collisions, the leading cause of death or injury in motor vehicle collisions. Air bags are most effective for *all* collision situations when used in combination with safety belts.

-
19. An air bag is inflated with nitrogen, a harmless substance that is a key ingredient in the air we breathe.

TRUE. On impact the inflation process is triggered by a chemical called sodium azide, which has been used for medicinal and agricultural purposes for forty years. A permanently sealed container with the chemical is used in the air bag system and poses no threat to vehicle occupants.

20. Air bags should be replaced every four years.

FALSE. Air bag systems are designed to have an effective operating life exceeding that of the vehicle in which they are installed. For example, air bags installed in cars ten years ago can still protect people in collisions today.

Appendix B

REGISTRATION FORM

DATE _____ LOCATION _____

INSTRUCTORS _____

INSTRUCTOR'S EMS AFFILIATION _____

STUDENT REGISTRATION

(PLEASE PRINT)

NAME _____	NAME _____
STREET _____	STREET _____
CITY _____	CITY _____
STATE _____ ZIP _____	STATE _____ ZIP _____
PHONE _____	PHONE _____

NAME _____	NAME _____
STREET _____	STREET _____
CITY _____	CITY _____
STATE _____ ZIP _____	STATE _____ ZIP _____
PHONE _____	PHONE _____

NAME _____	NAME _____
STREET _____	STREET _____
CITY _____	CITY _____
STATE _____ ZIP _____	STATE _____ ZIP _____
PHONE _____	PHONE _____

NAME _____	NAME _____
STREET _____	STREET _____
CITY _____	CITY _____
STATE _____ ZIP _____	STATE _____ ZIP _____
PHONE _____	PHONE _____

Appendix C

Sample Agenda

Time	TOPIC	INSTRUCTOR
0:00 – 0:15	REGISTRATION	
0:15 – 0:30	WELCOME & INTRODUCTION KNOWLEDGE AND ATTITUDE SURVEY	
0:30 – 1:00	ADULT AND CHILD SAFETY DATA EFFECTIVENESS OF PROTECTIVE SYSTEMS	
1:00 – 1:15	BREAK	
1:15 – 1:30	FILM (DYNAMICS OF A CRASH) AND DISCUSSION	
1:30 – 1:45	MYTHS, FACTS, AND LAWS	
1:45 – 2:00	WRAP UP, POST TEST AND TRAINING EVALUATION	

DRIVE HOME SAFELY AND BUCKLE UP!

Appendix D

TARGET POPULATIONS

Parents

Parents are the most important link in making sure infants and toddlers are protected by child safety seats. Moreover, if the safety belt habit is learned early, children will have a greater chance of riding protected as they grow into adulthood. Experience has shown that new parents frequently are willing to adopt the use of safety belts as they take responsibility for their newborn, especially as they realize the importance of modeling good health behaviors. From the local EMS service's perspective, an occupant protection program which might include a child seat loan service, can be helpful in promoting the EMS service's image.

Activities:

1. Include safety belt use during pregnancy in prenatal and childbirth education classes. Emphasize to the pregnant mother that safety belts do not cause miscarriages nor harm the fetus, no matter how severe the collision.
2. Display posters and brochures illustrating safety belt use during pregnancy in OB outpatient settings and in classrooms where prenatal instruction occurs.
3. Hand out stickers to attach to automobile dashboards that remind the prospective parent to wear a safety belt.
4. Pediatric first aid classes should be evaluated to assure they address consistent use of safety seats, misuse of child safety seats, and safety belt use.

Resources:

National Passenger Safety Association
1050 17th St. NW., Suite 770
Washington, DC 20036
(202)429-0515
American College of Obstetricians and Gynecologists
600 Maryland Avenue SW.
Washington, DC 20024
(202)638-5577

Elementary School Children

When talking with children, ask them who is responsible for keeping them safe and healthy. When they name parents, you, sibling, or others, point out that one of the signs of growing up is to be more responsible for their own health and safety. Discuss with them some of the activities they do or can do to keep themselves safe and healthy, i.e., washing their hands, brushing their teeth, looking before crossing the street, getting lots of sleep, exercising and eating good food. Tell them that wearing their safety belts is one of the most important things they can do to be safer and healthier.

Activities:

1. Develop components appropriate to the age group. For example, films may be shown or a puppet show may be created for or by the students.
2. Work with parent groups to discuss occupant protection strategies aimed at their protection and the protection of their children.
3. Initiate an annual safety belt poster contest. Display winning drawings in public locations.

-
4. Work with elementary school teachers to find ways to incorporate occupant protection into existing curricula. Request time from the school principal or superintendent to discuss the matter at a teacher in-service training session.

Resources:

National PTA
700 N. Rush Street
Chicago, IL 60611-2571
(312)787-0977

National Safety Council
444 N. Michigan Avenue
Chicago, IL 60611

National Association for the Education of Young Children
1834 Connecticut Avenue, NW.
Washington, DC 20009
(202)232-8777

National Association of Elementary School Principals
1615 Duke Street
Alexandria, VA 22314
(703)684-3345

Young Drivers

The most effective appeal to teenagers is one that emphasizes the social acceptability of buckling up; the idea that it is a desirable behavior to be practicing, and a way of being “in charge” of one’s life and health. Buckling up is a responsible adult behavior. Also discuss belt use in the context of other good health habits, protection from the “other guy,” and friends don’t let friends drive drunk.

Activities:

1. Form a task force of students, teachers, administrators, parents, and other interested people to address the problem. Invite local industries that cater to young adults, i.e., fast food restaurants, records stores, etc., to join the task force.
2. Create a service that provides a ride home for young people in the event that they or the driver are too incapacitated to drive. Initiate the service for holidays, proms and/or other school activities for which drinking has become traditional. Enlist students as drivers and to staff phones.
3. Encourage local driver’s education classes to include discussion of the mechanics of a crash, the amount of alcohol that disables a driver, how safety belts work, etc.
4. Set up a safety belt convincer on school grounds. Contact your State or regional department of highway safety for information on how to obtain a safety belt convincer.
5. Develop an activity that awards incentives to local high schools or the community at large for using safety belts. Enlist the aid of radio stations (for publicity) and local merchants (for donated prizes).
6. Work with local Students Against Drunk Driving (SADD) chapters, FFA, FHA etc. to share information and resources.

Resources:

American Driver and Traffic Safety Education Association
123 N. Pitt Street
Alexandria, VA 22314
(703) 836-4748

Future Farmers of America
P.O. Box 15160
Alexandria, VA 22309
(703) 360-3600

Students Against Drunk Driving
Box 800
Marlboro, MA 01752
(617) 481-3568

Employers

Because they bear the brunt of the costs and production losses for employee deaths and injuries, employers may be one of the best networks for reaching adults with the safety belt message. Employers may be eager to find ways to reduce the losses and expenses incurred by automobile collisions. Furthermore, health promotion departments interested in developing employee programs may want to consider that: (1) auto collisions are the greatest threat to the lives of the employed population and (2) employee occupant protection programs have been shown to save money for employers.

Activities:

1. Develop an occupant protection program as part of an EMS public service program for local employers.
2. Post a sign in the employee parking area reminding people to wear safety belts.

Resources:

National Safety Council
444 N. Michigan Avenue
Chicago, IL 60611

NHTSA, NTS-11
400 7th St., SW.
Washington DC 20590

Older Adults

Older individuals need to be reminded that their bones are more fragile than when they were younger and they are less able to withstand the trauma of even a minor collision. Unbelted, they are much more likely to be injured or killed in a crash than a younger person. Older drivers have a higher accident rate per mile driven than any other age group. The gradual loss of vision and hearing and slower reaction time happens almost unnoticed until a driving emergency occurs that they are no longer able to handle. Elderly individuals who are not regular belt wearers also respond to explanations of how the belt works, messages of preventive health habits, protecting themselves from reckless and drunk drivers. It is also important to discuss the use of child safety seats when grandchildren visit and ride with them in the car. They may not be aware of the State child passenger safety law.

Activities:

1. Include brochures and other educational materials promoting safety belt use in health fairs and other health promotion activities targeted at older adults.
2. Work with local senior citizen groups such as church groups and senior centers to set up presentations and discussions pertaining to safety belt use.

-
3. Work with residential and recreational facilities for older adults to establish a mandatory safety belt policy for group outings.
 4. Enlist older adults as volunteers in community programs. Include safety belt use for older adults as part of the training.
 5. Develop a child safety seat loaner service for grandparents to use with visiting grandchildren.

Resources:

American Association for Retired Persons
1909 K Street, NW.
Washington, DC 20049
(202) 622-4071

Office of Program Development
Administration on Aging
330 Independence Avenue, SW., Suite 4516
Washington, DC 20201

Appendix E

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Appendix F

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION REGIONAL OFFICES

Region I

(Connecticut, Maine,
Massachusetts, New Hampshire,
Rhode Island, Vermont)

NHTSA

Transportation Systems Center
Kendall Square Code 903
Cambridge, MA 02142
(617) 494-3427

Region II

(New Jersey, New York,
Puerto Rico, Virgin Islands)

NHTSA

Room 204
222 Mamaroneck Avenue
White Plains, NY 10605
(914) 683-9690

Region III

(Delaware, District of
Columbia, Maryland,
Pennsylvania, Virginia,
West Virginia)

NHTSA

Airport Plaza Building
793 Elkridge Landing Road
Linthicum, MD 21090
(301) 962-3877

Region IV

(Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
Tennessee)

NHTSA

Suite 501
1720 Peachtree Road, N.W.
Atlanta, GA 30309
(404) 881-4537

Region V

(Illinois, Indiana,
Michigan, Minnesota,
Ohio, Wisconsin)

NHTSA

18209 Dixie Highway
Homewood, IL 60430
(312) 799-6067

Region VI

(Arkansas, Louisiana,
New Mexico, Oklahoma,
Texas)

NHTSA

819 Taylor Street, Room 8A38
Fort Worth, TX 76102
(817) 334-3653

Region VII

(Iowa, Kansas, Missouri,
Nebraska)

NHTSA

P.O. Box 412515
Kansas City, MO 64141
(816) 926-7887

Region VIII

(Colorado, Montana,
North Dakota, South Dakota,
Utah, Wyoming)

NHTSA

555 Zang St., 1st Floor
Denver, CO 80228
(303) 236-3444

Region IX

(American Samoa, Arizona,
California, Guam, Hawaii,
Nevada)

NHTSA

211 Main Street
Suite 1000
San Francisco, CA 94105
(415) 974-9840

Region X
(Alaska, Idaho, Oregon,
Washington)

NHTSA
3140 Federal Building
915 Second Avenue
Seattle, WA 98174
(206) 442-5934

Appendix G

State Highway Safety Offices

Alabama

Director, Highway and Traffic Safety
Division
P.O. Box 2939
Montgomery, AL 36105-0939
(205) 284-8790

Alaska

Director, Highway Safety Planning
Agency
Pouch N
Juneau, AK 99801
(907) 465-4371

Arizona

Governor's Highway Safety
Representative
Office of Highway Safety
1801 W. Jefferson Street, Room 465
Phoenix, AZ 85007
(602) 255-3216

Arkansas

Director
Arkansas Highway Safety Program
#1 Capitol Mall
Level 4B, Suite 215
Little Rock, AR 72201
(501) 371-1101

California

Director, Office of Traffic Safety
Business and Transportation Agency
State of California
7000 Franklin Boulevard, Suite 330
Sacramento, CA 95823
(916) 445-9734

Colorado

Director, Division of Highway
Safety
4201 East Arkansas Avenue
Denver, Co 80222
(303) 757-9381

Connecticut

Governor's Representative
Department of Transportation
Bureau of Highways
24 Wolcott Hill Road
Wethersfield, CT 06109
(203) 566-4248

Delaware

Governor's Highway Safety
Representative
Office of Highway Safety
Suite 363, Thomas Collins Building
540 S. Dupont Highway
Dover, DE 19901
(302) 736-4475

District of Columbia

Highway Safety Coordinator
D.P.W. Transportation Branch
Presidential Bldg., Suite 314
Washington, DC 20004
(202) 727-5777

Florida

Chief, Bureau of Public Safety
Management
Department of Community Affairs
2571 Executive Center Circle East
Tallahassee, FL 32301-8244
(904) 488-5455

Georgia

Director
Office of Highway Safety
P.O. Box 1497
959 Confederate Avenue, S.E.
Atlanta, GA 30301
(404) 656-6996

Hawaii

Director, Motor Vehicle Office
State Department of Transportation
79 S. Nimitz Hwy
Honolulu, HI 96813
(808) 548-5755

Idaho

Manager, Office of Highway Safety
Idaho Department of Transportation
P.O. Box 7129
Boise, ID 83707
(208) 334-3533

Illinois

Chief, Bureau of Safety Programs
Department of Transportation
2300 South Dirksen Parkway
Springfield, IL 62764
(217) 782-4974

<p><i>Indiana</i> Director, Division of Traffic Safety 801 State Office Bldg., Room 801 Indianapolis, IN 46204 (307) 232-1287</p> <p><i>Iowa</i> Director, Governor's Highway Safety Office Capitol Hill Annex 523 East 12th Street Des Moines, IA 50319 (505) 281-3868</p> <p><i>Kansas</i> Transportation Safety Administration K-DOT State Office Building, 10th Floor Topeka, KS 66612 (913) 296-3756</p> <p><i>Kentucky</i> Commander, Highway Safety Standards Branch Kentucky State Police Hdqts. 919 Versailles Road Frankfort, KY 40601-9980 (502) 695-6356</p> <p><i>Louisiana</i> Executive Director Louisiana Highway Safety Commission P.O. Box 66336 Baton Rouge, LA 70896 (504) 925-6991</p> <p><i>Maine</i> Highway Safety Representative Department of Public Safety 36 Hospital Street Augusta, ME 04330 (207) 298-2581</p> <p><i>Maryland</i> Director, Division of Transportation Safety Department of Transportation P.O. Box 8755 Baltimore-Washington International Airport Baltimore, MD 21240-0755 (301) 859-7157</p>	<p><i>Massachusetts</i> Director, Governor's Highway Safety Bureau Saltonstall State Office Bldg. 100 Cambridge Street, Room 2104 Boston, MA 02202 (617) 727-5074</p> <p><i>Michigan</i> Executive Director Office of Highway Safety Planning 111 S. Capitol Avenue, Lower Level Lansing, MI 48913 (517) 373-8011</p> <p><i>Minnesota</i> Director of Traffic Safety Department of Public Safety Transportation Building St. Paul, MN 55155 (507) 296-6953</p> <p><i>Mississippi</i> Governor's Highway Safety Representative Governor's Highway Safety Program 510 George Street, Suite 246 Jackson, MS 39201 (601) 354-6892</p> <p><i>Missouri</i> Director, Division of Highway Safety P.O. Box 749 Jefferson City, MO 65102 (314) 751-4161</p> <p><i>Montana</i> Administrator Highway Traffic Safety Division Department of Justice 303 North Roberts Helena, MT 59620 (406) 444-3412</p> <p><i>Nebraska</i> Administrator Nebraska Highway Safety Program Office State House Station 94612 Lincoln, NE 68509 (402) 471-2515</p>
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Nevada

Highway Safety Coordinator
Traffic Safety Division
Department of Motor Vehicles
555 Wright Way, Room 258
Carson City, NV 89711
(702) 885-5720

New Hampshire

Coordinator
New Hampshire Highway Safety
Agency
117 Manchester Street
Concord, NH 03301
(603) 271-2131

New Jersey

Manager, New Jersey Highway
Safety Office
CN-048
Trenton, NJ 08625
(609) 292-3900

New Mexico

Chief, Traffic Safety Bureau
P.E.R.A. Building, Room 224
P.O. Box 1028
Santa Fe, NM 87503
(505) 827-4776

New York

Executive Director
Traffic Safety Commission
Empire State Plaza - Swan St. Bldg.
Albany, NY 12228
(508) 474-5777

North Carolina

Governor's Highway Safety
Representative
Division of Motor Vehicles Annex
215 East Lane Street
Raleigh, NC 27601
(919) 733-3083

North Dakota

Program Manager, Driver's License
Division
North Dakota Highway Department
600 East Boulevard Avenue
Bismarck, ND 58505-0178
(701) 224-4397

Ohio

Administrator
Office of Governor's Highway Safety
Representative
P.O. Box 7167
Columbus, OH 43205
(614) 466-3250

Oklahoma

Governor's Representative
Oklahoma Highway Safety Office
200 N.E. 21st Street, D-4
Oklahoma City, OK 73105
(405) 521-3314

Oregon

Governor's Representative
Oregon Traffic Safety Commission
State Library Building, 4th Floor
Salem, OR 97310
(503) 378-3670

Pennsylvania

Director, Bureau of Safety
Programming and Analysis
215 Transportation and Safety
Building
Harrisburg, PA 17120
(717) 787-7350

Puerto Rico

Executive Director
Traffic Safety Commission
P.O. Box 41289
Santurce, PR 00940
(809) 726-5290

Rhode Island

Coordinator
Governor's Office of Highway Safety
345 Harris Avenue
Providence, RI 02903
(401) 277-3024

South Carolina

Deputy Director
Division of Public Safety Programs
Edgar A. Brown State Office
Building
1205 Pendleton Street, #453
Columbia, SC 29201
(803) 758-2237

South Dakota

Assistant Program Manager
State and Community Programs
Department of Public Safety
118 West Capitol Avenue
Pierre, SD 57501
(605) 773-3675

Tennessee

Coordinator, Governor's Highway
Safety Program
James K. Polk State Office Building
505 Deaderick Street, Suite 600
Nashville, TN 37219
(615) 741-2589

Texas

Administrator, Traffic Safety Section
(D-18-TS)
State Department of Highways and
Public Transportation
11th and Brazos
Austin, TX 78701
(502) 465-6360

Utah

Director, Highway Safety Division
Department of Public Safety
4501 South 2700 West
Salt Lake City, UT 84109
(801) 965-4410

Vermont

Highway Safety Coordinator
Vermont Highway Safety Program
Agency of Transportation
133 State Street
Montpelier, VT 05602
(802) 828-2706

Virginia

Deputy Commissioner for
Transportation Safety
P.O. Box 27412
Richmond, VA 23269
(804) 257-6620

Washington

Assistant Director
Washington Traffic Safety
Commission
1000 S. Cherry Street
Olympia, WA 98504
(206) 753-6197

West Virginia

Governor's Highway Safety
Representative
Governor's Office of Economic and
Community Development
5790-A MacCorkle Avenue
Charleston, WV 25304
(304) 348-8814

Wisconsin

Wisconsin Highway Safety
Coordinator
P.O. Box 7910
4802 Seboygan Avenue
Madison, WI 53707
(608) 266-0402

Wyoming

State Highway Safety Engineer
Wyoming Highway Safety
Department
Highway Safety Branch
P.O. Box 1708
Cheyenne, WY 82002-9019
(307) 777-7296

Appendix H

State EMS Offices

ALABAMA

State of Alabama
Dept. of Health
EMS Division
State Office Bldg, Rm 644
Montgomery, AL 36130-1701
(205) 261-5261

ALASKA

EMS Section
Dept of Health & Soc Services
P.O. Box H-06 C
Juneau, AK 99811
(907) 465-3027

ARIZONA

Div. of EMS & Health Care Fac.
Arizona Dept. of Health Serv.
411 N. 24th Street
W. Phoenix, AZ 85008
(602) 220-6400

ARKANSAS

Office of EMS
Department of Health
4815 West Markham Street
Little Rock, AR 72205-3867
(501) 661-2262

CALIFORNIA

EMS Authority
1600 9th St., Room 400
Sacramento, CA 95814
(916) 322-4336

COLORADO

EMS Division
Colo. Dept. of Health
4210 East 11th Avenue
Denver, CO 80220
(303) 331-4915

CONNECTICUT

Office of EMS
Dept. of Health
150 Washington Street
Hartford CT 06106
(203) 566-7336

DELAWARE

Emergency Medical Services
Capital Square
Jesse S. Cooper Memorial Building
Dover, DE 19901
(302) 736-4710

DISTRICT OF COLUMBIA

Emergency Health & Med. Services
Dept. of Human Services
1875 Connecticut Ave., N. W.
Room 833-D
Washington DC, 20009
(202) 673-6744

FLORIDA

Emergency Medical Services
Dept. of Health & Rehabilitation
1317 Winewood Blvd., PDHEMS
Tallahassee, FL 32301
(904) 487-1911

GEORGIA

Emergency Office
Dept. of Human Resources
878 Peachtree St., NE, Rm 207
Atlanta, GA 30309
(404) 894-6505

GUAM

Office of EMS, Dept. of
Public Health & Social Services
P.O. Box 2816
Agana, GU 96910
(671) 734-2783/2951, Ext. 202/206

HAWAII

EMS Br. State of Hawaii
Department of Health
3626 Kilauea Ave., Rm 102
Honolulu, HI 96816
(808) 735-5267

IDAHO

EMS Bureau
Dept. of Health & Welfare
450 West State Street
Boise, ID 83720
(208) 334-5994

ILLINOIS

Division of EMS
Services & Highway Safety
Illinois Dept. of Public Health
525 West Jefferson Street,
Rm 450
Springfield, IL 62761
(217) 785-2080

INDIANA

Indiana EMS Commission
State Office Building, Rm 315
100 North Senate Avenue
Indianapolis, IN 46204
(317) 232-3980

IOWA

Emergency Medical Services
Iowa Dept. of Public Health
Lucas State Office Building
Des Moines, IA 50319-0075
(515) 281-3741

KANSAS

Bureau of EMS
Dept. of Highway & Patrol
111 West 6th Avenue
Topeka, KS 66601
(913) 296-7296

KENTUCKY

Emergency Medical Services
Cabinet for Human Resources
275 East Main Street
Frankfort, KY 40621
(502) 564-8963

LOUISIANA

Bureau of EMS
200 Lafayette St., Suite 600
Baton Rouge, LA 70801
(504) 342-2600

MAINE

Maine EMS
295 Water Street
Augusta, ME 04330
(207) 289-3953

MARYLAND

Maryland EMS Field Operation
31 S. Greene Street
Baltimore, MD 21201
(301) 528-3160

MARYLAND

Emergency Medical Services-
MIEMSS
31 South Greene
Baltimore, MD 21201
(301) 528-5085

MASSACHUSETTS

Office of EMS
Dept. of Public Health
80 Boylston Street, Suite 1040
Boston, MA 02116
(617) 451-3433

MICHIGAN

Div. of EMS
3500 North Logan
P.O. Box 30035
Lansing, MI 48909
(517) 335-8503

MINNESOTA

EMS Section, Dept. of Health
717 Delaware Street, SE
P.O. Box 9441
Minneapolis, MN 55440
(612) 623-5284

MISSISSIPPI

Office of EMS
State Board of Health
P.O. Box 1700
Jackson, MS 39215
(601) 354-7075

MISSOURI

Bureau of EMS
Missouri Dept. of Health
P.O. Box 570
Jefferson City, MO 65102
(314) 751-4022

MONTANA

EMS Bureau
Dept. of Health & Env. Sciences
Cogswell Building
Helena, MT 59620
(406) 444-3895

NEBRASKA

Division of EMS
301 Centennial Mall S., 3rd Fl.
Box 59007
Lincoln, NE 68509-5007
(402) 471-2158

NEVADA

EMS Offices
501 East King Street
Capital Complex, Kinkead Building
Carson City, NV 89710
(702) 885-3065

NEW HAMPSHIRE

Emergency Medical Services
Health & Welfare Building
Hazen Drive
Concord, NH 03301
(603) 271-4569

NEW JERSEY

Director, EMS
State Dept. of Health
C.N. 363
Trenton, NJ 08625
(609) 292-0782

NEW JERSEY

Emergency Care Monitoring
EMS, State Dept. of Health
C.N. 363
Trenton, NJ 08625
(609) 292-0782

NEW MEXICO

Primary Care & EMS Bureau
Health Services Div.
Health & Env. Dept.
P.O. Box 968
Santa Fe, NM 87504-0968
(505) 827-2509

NEW YORK

EMS Development Program
ESP Tower Building, Rm 2270
22nd Floor, Empire State Plaza
Albany, NY 12237
(518) 474-3171

NORTH CAROLINA

Office of EMS
701 Barbour Dr.
Raleigh, NC 27603
(919) 733-2285

NORTH DAKOTA

Emergency Medical Serv. Div.
Dept. of Health
State Capitol Bldg.
Bismarck, ND 58505
(701) 224-2388

OHIO

EMS Medical Director
Dept. of Public Safety Serv.
65 S. Front St, Rm 918
Columbus, OH 43215
(614) 344-0331, ext 205

OHIO

Training and Certification
Dept. of Public Safety Serv.
65 S. Front St., Rm. 918
Columbus, OH 43215
(614) 466-9447

OKLAHOMA

Emergency Medical Services
1000 NE 10th, Rm 211
P.O. Box 53551
Oklahoma City, OK 73152
(415) 271-4062

OREGON

Emergency Medical Services
State Health Dept.
P.O. Box 231
Portland, OR 97201
(503) 229-6365

PENNSYLVANIA

Div. of EMS Health Serv.
Pennsylvania Dept. of Health
P.O. Box 90, Rm 1033
Health & Welfare Bldg.
Harrisburg, PA 17108
(717) 787-8741

PUERTO RICO

Emergency Medical Services
G.P.O. Box 71423
San Juan, Puerto Rico 00936
(809) 753-4244

RHODE ISLAND

Division of EMS
Dept. of Health
75 Davis St.
Providence, RI 02908
(401) 277-2401

SOUTH CAROLINA

Division of EMS
Dept. of Health & Env. Ctrl.
2600 Bull Street
Columbia, SC 29201
(803) 737-7009

SOUTH DAKOTA

EMS Program
Dept. of Health
Joe Foss Bldg
523 E. Capitol St.
Pierre, SD 57501
(605) 773-3737

TENNESSEE

Tennessee Dept of Health & Env.
Division of EMS
283 Plus Park Blvd.
Nashville, TN 37217
(615) 367-6278

TEXAS

Director of EMS Div.
Texas Dept of Health
1100 W. 49th Street
Austin, TX 78756
(512) 465-2601

UTAH

EMS Division
P.O. Box 16660
Salt Lake City, UT 84116-0660
(801) 538-6435

VERMONT

EMS Division
Box 70, 60 Main St.
Burlington, VT 05402
(802) 863-7310

VIRGIN ISLANDS

Emergency Medical Services
Department of Health
P.O. Box 7309
St. Thomas, Virgin Is. 00801
(809) 774-9000 ext. 316

VIRGINIA

Bureau of EMS
State Dept of Health
109 Governor Street, Rm 1001
Richmond, VA 23219
(804) 786-5188

WASHINGTON

Emergency Medical Services
Health Services Division
DSHS Mail Stop ET-34
Olympia, WA 98504
(206) 753-5898/2095

WEST VIRGINIA

Emergency Medical Services
Dept. of Health
Bldg. 3, Rm. 426
1800 Washington St. E.
East Charleston, WV 25305
(304) 348-3956

WISCONSIN

EMS Section
Division of Health
Box 309
Madison, WI 53701
(608) 266-1568

WYOMING

EMS Program
Hathaway Bldg., Rm 527
Cheyenne, WY 82002
(307) 777-7955

Appendix I

National Organization Contact List

American Automobile Association
Bill Gatehouse Road
Falls Church, VA 22047
(703) 222-6000

American Academy of Pediatrics
141 Northwest Point Blvd.
Elk Grove Villa, IL 60007
(312) 228-5005

ADA Bureau of Dental Health
Education
211 East Chicago Avenue
Chicago, IL 60611
(312) 440-2596

American Association of Retired
Persons
1909 K Street, N.W.
Washington, D.C. 20049
(202) 662-4071

Auxiliary to the American Dental
Association
9055 Rott Road
St. Louis, MO 63127
(314) 965-9055

American Association of School
Administrators
1801 North Morris St.
Arlington, VA 22209
(703) 528-0700

American Academy of Family
Physicians
1740 West 92nd St.
Kansas City, MO 64114
(816) 333-9700

American College of Emergency
Physicians
P.O. Box 619911
Dallas, TX 75261
(214) 659-0911

Association for the Advancement of
Health Ed.
1900 Association Drive
Reston, VA 22091
(703) 476-3440

American College of OB-GYN
600 Maryland Ave. SW.
Suite 300 E
Washington, DC 20024
(202) 638-5577

Auxiliary to the American
Optometric Association
243 N. Lindberg Boulevard
St. Louis, MO 63141
(314) 991-4100

American College of Preventive
Medicine
1015 15th St., NW. Suite 403
Washington, DC 20005
(202) 789-0003

American Association of Oral and
Maxillary/Facial Surgery
444 N. Michigan Ave., Suite 930
Chicago, IL 60611
(800) 822-6637

American College of Surgeons
Committee on Trauma
1310 West Stewart Drive
Suite 603
Orange, CA 92668
(714) 639-1830

American Academy of Orthopedic
Surgeons
444 N. Michigan Ave.
Suite 1500
Chicago, IL 60611
(312) 822-0970

American Driver and Traffic Safety
and Education Association
123 North Pitt St.
Alexandria, VA 22314
(703) 836-4748

American Hospital Association
840 North Lake Shore Drive
Chicago, IL 60611
(312) 280-6048

American Medical Association
535 North Dearborn
Chicago IL 60610
(312) 648-4768

American Nurses' Association
2420 Pershing Road
Kansas City, MO 64108
(816) 474-5720

American Osteopathic Association
122 C Street NW.
Suite 875
Washington, DC 20001
(202) 783-3434

Administration on Aging
330 Independence Ave, SW.
Washington, DC 20201
(202) 245-0058

American Public Health Association
1105 15th St, NW.
Washington, DC 20002
(202) 789-5627

American Red Cross
17th and D Street, NW.
Washington, DC 20006
(202) 639-3103

American School Health Association
P.O. Box 708
Kent, OH 44240
(216) 678-1601

American Spinal Injury Association
2020 Peachtree Road N.W.
Atlanta, GA 30309
(404) 352-2020

Association of State and Territory
Health Officers
1311 A Dolly Madison Blvd, Ste 3-A
McLean, VA 22101
(703) 556-9222

American Trauma Society
22 So. Greene Street
Baltimore, MD 21201
(301) 528-6304

Boy Scouts of America
1325 Walnut Hill Lane
Irving, TX 75062
(214) 659-2447

Buckle Up With Toney
Route 1 Box 248-A
Manakin-Sabot, VA 23103
(804)749-4002

Home Economics & Food Nutrition
ES-USDA, 3443 South Bldg.
Washington, DC 20250
(202) 447-2908

Future Farmers of America
P.O. Box 15160
Alexandria, VA 22309
(703) 360-3600

General Federation of Women's
Clubs
1734 N. Street, NW.
Washington, DC 20036
(202) 347-3168

Girls Scouts of the USA
830 Third Avenue
New York, NY 10022
(212) 940-7530

US Department of Health and
Human Services
330 C Street, SW.
Washington, DC 20201
(202) 472-5370

Healthy Mothers/Healthy Babies
600 Maryland Ave. SW.
Ste 300 E
Washington, DC 20024
(202) 638-5577

International Association of Chiefs
of Police
P.O. Box 610
13 Firstfield Road
Gaithersburg, MD 20878
(301) 948-0922

National Association of Community
Health Centers
1625 I St. N.W., Suite 420
Washington, DC 20006
(202) 833-9280

National Association of Counties
440 1st Street N.W.
Washington, DC 20001
(202) 393-6226

National Association of Home
Extension Economics
100 East Knox St.
Morrison, IL 61270
(815) 772-4075

National Association of Elementary
School Principals
1615 Duke St.
Alexandria, VA 22314
(703) 684-3345

National Association for the
Education of Young Children
1834 Connecticut Ave., NW.
Washington, DC 20009
(202) 232-8777

National Association of Student
Councils
1904 Association Dr.
Reston, VA 22091
(703) 860-0200

National Association of State
Directors of Law Enforcement
Training
50 Tremont St. Room 2305
Melrose, MA 02176
(617) 662-2546

National Association of Women
Highway Safety Leaders
3008 North 16th Dr.
Phoenix, AZ 85015
(602) 263-0154

National Center for Health
Education
2190 Meriden Park Blvd.
Concord, CA 94520
(415) 676-2813

National Council of Negro Women
777 United Nations Plaza
3rd Floor
New York, NY 10017
(212) 687-6113

National Council of State EMS
Training Coordinators
P.O. Box 3824
Pojoaque, NM 87501-0824
(505) 827-2523

Nation Extension Homemakers
Council
5100 So. Atlanta
Tulsa, OK 74105
(918) 749-8383

National Head Injury Foundation
P.O. Box 567
Framingham, MA 01701
(617) 879-7473

National Passenger Safety
Association
1705 DeSales St. NW.
Suite 300
Washington, DC 20036
(202) 429-0515

National Sheriff's Association
1450 Duke St.
Alexandria, VA 22314
(703) 836-7827

National Student Safety Program
213 Humphries Bldg.
Warrensburg, MO 64093
(816) 429-4626

Council of State Science Supervisors
Department of Education
P.O. Box 6Q
Richmond, VA 23216
(804) 225-2864

IACP State Association of Chiefs of
Police
P.O. Box 514
Choctaw, OK 73020
(405) 390-9110

National School Transportation
Association
P.O. Box 2637
Springfield, VA 22152
(703) 644-0700

Students Against Drunk Driving
Box 800
Marlboro, MA 01752
(617) 481-4568

National PTA
700 Rush Street
Chicago, IL 60611
(312) 787-0977

United States Conference of Mayors
1620 I St. NW.
Washington, DC 20006
(202) 293-7330

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